

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000098293

FILED
Mar 31, 2008
Secretary of State

Entity Name: LASER & WELLNESS CENTER. L.L.C.

Current Principal Place of Business:

185 E. INDIANTOWN ROAD
#107
JUPITER, FL 33477

New Principal Place of Business:

Current Mailing Address:

185 E. INDIANTOWN ROAD
#107
JUPITER, FL 33477

New Mailing Address:

FEI Number: 26-1132880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FINNEL, DEBRA
13312 150TH COURT NORTH
JUPITER, FL 33478 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FINNEL, THOMAS
Address: 13312 150TH COURT NORTH
City-St-Zip: JUPITER, FL 33478

Title: MGRM () Delete
Name: FINNEL, DEBRA
Address: 13312 150TH COURT NORTH
City-St-Zip: JUPITER, FL 33478

Title: MGRM () Delete
Name: HOJNACKI, STEVE
Address: 6310 LONGLEAF PINE DR
City-St-Zip: JUPITER, FL 33458

Title: MGRM () Delete
Name: HOJNACKI, THERESA
Address: 6310 LONGLEAF PINE DR
City-St-Zip: JUPITER, FL 33458

Title: MGRM () Delete
Name: MCALLISTER, STEPHANIE
Address: 185 E. INDIANTOWN ROAD #107
City-St-Zip: JUPITER, FL 33477

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: THOMAS FINNEL

PRES

03/31/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date