

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000098293

FILED  
Feb 19, 2009  
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:

775 W INDIANTOWN RD  
#4  
JUPITER, FL 33458

## Current Mailing Address:

185 E. INDIANTOWN ROAD  
#107  
JUPITER, FL 33477

## New Mailing Address:

775 W INDIANTOWN RD  
#4  
JUPITER, FL 33458

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: MGRM (X) Change ( ) Addition  
Name: MCALLISTER, STEPHANIE  
Address: 775 W. INDIANTOWN RD  
City-St-Zip: JUPITER, FL 33458

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

02/19/2009

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