

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000106317

FILED  
Jul 23, 2008  
Secretary of State

**Entity Name:** LASER VAGINAL REJUVENATION INSTITUTE OF ST. PETERSBURG, LLC

**Current Principal Place of Business:**

2840 WEST BAY DR, 128  
BELLAIR BLUFFS, FL 33770

**New Principal Place of Business:**

2840 WEST BAY DR,  
128  
BELLAIR BLUFFS, FL 33770

**Current Mailing Address:**

2840 WEST BAY DR, 128  
BELLAIR BLUFFS, FL 33770

**New Mailing Address:**

2840 WEST BAY DR,  
128  
BELLAIR BLUFFS, FL 33770

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WALDER, LYNNE ESQ.  
777 S. HARBOUR ISLAND BLVD., SUITE 190  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

WALDER, LYNNE ESQ.  
777 S. HARBOUR ISLAND BLVD.,  
190  
TAMPA, FL 33602 US

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:

07/23/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HAYES, JENNIFER S  
Address: 2840 WEST BAY DR, 128  
City-St-Zip: BELLAIR BLUFFS, FL 33770

**ADDITIONS/CHANGES:**

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: JENNIFER HAYES

MGR

07/23/2008

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