

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000106317

**FILED**  
**Feb 02, 2010**  
**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:**

2695 ULMERTON RD.  
CLEARWATER, FL 33762

**Current Mailing Address:**

2840 WEST BAY DR,  
128  
BELLAIR BLUFFS, FL 33770

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

WALDER, LYNNE ESQ.  
777 S. HARBOUR ISLAND BLVD.,  
190  
TAMPA, FL 33602 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  
Name: HAYES, JENNIFER S  
Address: 2840 WEST BAY DR, 128  
City-St-Zip: BELLAIR BLUFFS, FL 33770

I hereby 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 S HAYES                      MGRM                      02/02/2010

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