2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2010
Secretary of State

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Entity Name: LASER VAGINAL REJUVENATION INSTITUTE OF SARASOTA, LLC

Current Principal Place of Business:

2840 WEST BAY DR,
128
BELLAIR BLUFFS, FL 33770

New Principal Place of Business:

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., SUITE 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 DRIVE #128
City-St-Zip: BELLEAIR 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 Statues.

SIGNATURE: JENNIFER S HAYES MGRM 02/02/2010

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