

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000106323

FILED
Jul 23, 2008
Secretary of State

Entity Name: LASER VAGINAL REJUVENATION INSTITUTE OF TAMPA BAY, LLC

Current Principal Place of Business:

7601 SEMINOLE BLVD.
SEMINOLE, FL 33772

New Principal Place of Business:

2840 WEST BAY DRIVE
128
BELLEAIR BLUFFS, FL 33770

Current Mailing Address:

7601 SEMINOLE BLVD.
SEMINOLE, FL 33772

New Mailing Address:

2840 WEST BAY DRIVE
128
BELLEAIR 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: 7601 SEMINOLE BLVD.
City-St-Zip: SEMINOLE, FL 33772

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HAYES, JENNIFER S
Address: 2840 WEST BAY DRIVE, #128
City-St-Zip: BELLEAIR BLUFFS, FL 33770

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

MNG

07/23/2008

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