

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000112479

FILED  
Apr 05, 2009  
Secretary of State

**Entity Name:** RENOUVEAU MEDICAL AESTHETICS LLC

**Current Principal Place of Business:**

770 PELICAN BAY DRIVE  
DAYTONA BEACH, FL 32119

**New Principal Place of Business:**

**Current Mailing Address:**

770 PELICAN BAY DRIVE  
DAYTONA BEACH, FL 32119

**New Mailing Address:**

**FEI Number:** 26-1643309

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STOCK, RICHARD  
770 PELICAN BAY DRIVE  
DAYTONA BEACH, FL 32119 US

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

STOCK, RICHARD PARTNER  
770 PELICAN BAY DRIVE  
DAYTONA BEACH, FL 32119 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: RICHARD STOCK

04/05/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: STOCK, RICHARD M.D.  
Address: 770 PELICAN BAY DRIVE  
City-St-Zip: DAYTONA BEACH, FL 32119

Title: MGRM ( ) Delete  
Name: STOCK,, MARGARET M.D.  
Address: 770 PELICAN BAY DRIVE  
City-St-Zip: DAYTONA BEACH, FL 32119

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RICHARD STYOCK

MGR

04/05/2009

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