

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000004032

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** TOP LATIN PLASTIC SURGEONS, LLC

**Current Principal Place of Business:**

960 WINDWARD WAY  
WESTON, FL 33327 US

**New Principal Place of Business:**

801.S OLIVE AV.  
WEST PALM BEACH, FL 33401 US

**Current Mailing Address:**

960 WINDWARD WAY  
WESTON, FL 33327 US

**New Mailing Address:**

801.S OLIVE AV.  
WEST PALM BEACH, FL 33401 US

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

BENSAYAN TASSINI, LILIAM  
960 WINDWARD WAY  
WESTON, FL 33327 US

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

BENSAYAN TASSINI, LILIAM  
801.S OLIVE AV.  
WEST PAL BEACH, FL 33401 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: LILIAM BENSAYAN TASSINI

04/20/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BENSAYAN TASSINI, LILIAM  
Address: 801.S OLIVE AV.  
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: MGRM  
Name: TASSINI, GUIDO  
Address: 801.S OLIVE AV.  
City-St-Zip: WEST PALM BEACH, FL 33401 US

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: LILIAM BENSAYAN TASSINI

MGRM

04/20/2011

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