

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000006467

FILED  
Mar 10, 2009  
Secretary of State

**Entity Name:** GAINESVILLE COSMETIC LASERS, LLC

**Current Principal Place of Business:**

4611 N.W. 53RD AVENUE  
GAINESVILLE, FL 32606 US

**New Principal Place of Business:**

**Current Mailing Address:**

4611 N.W. 53RD AVENUE  
GAINESVILLE, FL 32606 US

**New Mailing Address:**

8334 NW 36 AVENUE  
GAINESVILLE, FL 32606 US

**FEI Number:** 26-2035124

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
SUITE A-100  
TAMPA, FL 33612 US

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

JAVAHERI, FARAMARZ F CO-OWNE  
8334 NW 36 AVENUE  
GAINESVILLE, FL 33606 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: FARAMARZ FRANK JAVAHERI

03/10/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: JAVAHERI, BRIGITTE C  
Address: 4611 N.W. 53RD AVENUE  
City-St-Zip: GAINESVILLE, FL 32606 US

**ADDITIONS/CHANGES:**

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: FARAMARZ F. JAVAHERI

OWNE

03/10/2009

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