

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000006467

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

4611 N.W. 53RD AVENUE  
GAINESVILLE, FL 32653 US

**New Principal Place of Business:**

1204 NW 69 TER, SUITE F  
GAINESVILLE, FL 32605 US

**Current Mailing Address:**

8334 NW 36 AVENUE  
GAINESVILLE, FL 32606 US

**New Mailing Address:**

**FEI Number:** 26-2035124      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

JAVAHERI, FARAMARZ F CO-OWNE  
8334 NW 36 AVENUE  
GAINESVILLE, FL 33606 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:** MGR  
**Name:** JAVAHERI, BRIGITTE C  
**Address:** 1204 NW 69 TER, SUITE F  
**City-St-Zip:** GAINESVILLE, FL 32605 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: FARAMARZ JAVAHERI      OWNE      02/17/2011

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