

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000065662

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Entity Name:** ETERNITY COSMETIC LASER SOLUTIONS, LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

851 DUNLAWTON AVE  
STE 104  
PORT ORANGE, FL 32127

**New Principal Place of Business:**

**Current Mailing Address:**

851 DUNLAWTON AVE  
STE 104  
PORT ORANGE, FL 32127

**New Mailing Address:**

**FEI Number:** 26-2997177

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LINEK, PETER J M.D.  
1325 AIRPORT RD  
ORMOND BEACH, FL 32174 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:** LINEK, PETER J M.D.  
**Address:** 1325 AIRPORT RD  
**City-St-Zip:** ORMOND BEACH, FL 32174

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: PETER J. LINEK, M.D.

MANA

05/01/2011

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