

# **2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L08000078071

Entity Name: SAV AESTHETICS, LLC

**FILED**  
**May 14, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

3200 S HIAWASSEE RD  
STE 203  
ORLANDO, FL 32835

**New Principal Place of Business:**

**Current Mailing Address:**

3200 S HIAWASSEE RD  
STE 203  
ORLANDO, FL 32835

**New Mailing Address:**

FEI Number: 26-3175795

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

VELARDI, ANTONIO R  
3200 S HIAWASSEE RD STE 203  
ORLANDO, FL 32835 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: MGRM  
Name: VELARDI, ANTONIO R  
Address: 3200 S HIAWASSEE RD STE 203  
City-St-Zip: ORLANDO, FL 32835

Title: MGRM  
Name: AHMED, AAMERA  
Address: 3200 S HIAWASSEE RD STE 203  
City-St-Zip: ORLANDO, FL 32835

Title: MGR  
Name: LA VITA, INC. BY DARRYL SHEPPARD PRESIDENT  
Address: 7917 CHAD COURT  
City-St-Zip: ORLANDO, FL 32835

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: ANTONIO VELARDI

MGRM

05/14/2010

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