

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000104721

FILED  
Apr 19, 2009  
Secretary of State

**Entity Name:** LASER HAIR & SKIN CLINICS OF TAMPA LLC

**Current Principal Place of Business:**

508 SOUTH HABANA AVE STE 315  
TAMPA, FL 33609

**New Principal Place of Business:**

4707 WEST GANDY BLVD.  
SUITE 15  
TAMPA, FL 33611

**Current Mailing Address:**

508 SOUTH HABANA AVE STE 315  
TAMPA, FL 33609

**New Mailing Address:**

4707 WEST GANDY BLVD.  
SUITE 15  
TAMPA, FL 33611

**FEI Number:** 26-3705690

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD STE 101  
TALLAHASSEE, FL 323012960 US

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

SCARBERRY, NANCY J OWNER  
912 CHANNELSIDE DRIVE  
UNIT 2501  
TAMPA, FL 33602 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: NANCY J. SCARBERRY

04/19/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SCARBERRY, GLEN  
Address: 912 CHANNELSIDE DRIVE UNIT 2501  
City-St-Zip: TAMPA, FL 33602

Title: MGR ( ) Delete  
Name: SCARBERRY, NANCY  
Address: 912 CHANNELSIDE DRIVE UNIT 2501  
City-St-Zip: TAMPA, FL 33602

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SCARBERRY, NANCY J OWNER  
Address: 912 CHANNELSIDE DRIVE UNIT 2501  
City-St-Zip: TAMPA, FL 33602

Title: MGR (X) Change ( ) Addition  
Name: SCARBERRY, GLEN N  
Address: 912 CHANNELSIDE DRIVE UNIT 2501  
City-St-Zip: TAMPA, FL 33602

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: NANCY J. SCARBERRY

MGR

04/19/2009

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