

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jan 05, 2009  
Secretary of State**

DOCUMENT# L08000106686

Entity Name: REJUVENARE, LLC

**Current Principal Place of Business:**

919 5TH AVE PARKWAY S  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

919 5TH AVE PARKWAY S  
NAPLES, FL 34102

**New Mailing Address:**

FEI Number: 80-0309203      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

VELARDE, CARLO  
919 5TH AVE PARKWAY S  
NAPLES, FL 34102 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 ( ) Delete  
Name: CASCIATI, ARMANDO  
Address: 919 5TH AVE PARKWAY S  
City-St-Zip: NAPLES, FL 34102

Title: MGRM (X) Delete  
Name: VELARDE, CARLO  
Address: 919 5TH AVE PARKWAY S  
City-St-Zip: NAPLES, FL 34102

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: VELARDE, CARLO  
Address: 919 5TH AVE PARKWAY S.  
City-St-Zip: NAPLES, FL 34102

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: /CARLO VELARDE/

MGRM

01/05/2009

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