

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000008278

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

**Entity Name:** FINE ENDERMOLOGY CENTER, LLC.

**Current Principal Place of Business:**

1426 LIME STREET SUITE#2  
FERNANDINA BEACH, FL 32034

**New Principal Place of Business:**

1426 LIME STREET SUITE#2  
FERNANDINA BEACH, FL 32034 UN

**Current Mailing Address:**

13173 EBBTIDE CT  
JACKSONVILLE, FL 32225

**New Mailing Address:**

**FEI Number:** 26-4196487

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FINE, SUSAN  
13173 EBBTIDE COURT  
JACKSONVILLE, FL 32225 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: MR  
Name: FELIX, RALPH M MGR  
Address: 13173 EBBTIDE CT  
City-St-Zip: JACKSONVILLE, FL 32225

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: SUSAN FINE

MRS

04/09/2012

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