

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000016706

Entity Name: APOLLO MEDSPA LLC

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

3535 LITTLE RD  
NEW PT RICHEY, FL 34655

**New Principal Place of Business:**

**Current Mailing Address:**

3535 LITTLE RD  
NEW PT RICHEY, FL 34655

**New Mailing Address:**

FEI Number: 26-4537114

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHOWDAPPA,  
3535 LITTLE RD  
NEW PT RICHEY, FL 34655 US

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

CHOWDAPPA, JAYADEVA  
3535 LITTLE RD  
NEW PT RICHEY, FL 34655 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: JAYADEVA CHOWDAPPA

02/16/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CHOWDAPPA, JAYADEVA  
Address: 3535 LITTLE RD  
City-St-Zip: NEW PT RICHEY, FL 34655

Title: MGRM  
Name: CHOWDAPPA, SWARNALATHA  
Address: 3535 LITTLE RD  
City-St-Zip: NEW PT RICHEY, FL 34655

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: JAYADEVA CHOWDAPPA

MGRM

02/16/2010

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