

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000087313

**FILED**  
**May 11, 2011**  
**Secretary of State**

**Entity Name:** AGE PREVENTION SOLUTIONS, LLC

**Current Principal Place of Business:**

15943 SW 43 STREET  
MIAMI, FL 33185

**New Principal Place of Business:**

7190 SW 87TH AVENUE #203  
MIAMI, FL 33173

**Current Mailing Address:**

15943 SW 43 STREET  
MIAMI, FL 33185

**New Mailing Address:**

7190 SW 87TH AVENUE #203  
MIAMI, FL 33173

**FEI Number:** 27-0913139

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HERNANDEZ, MONICA L  
15943 SW 43 STREET  
MIAMI, FL 33185 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: MS  
Name: BODY BY CHEMISTRY  
Address: 15943 SW 43 STREET  
City-St-Zip: MIAMI, FL 33185

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: MONICA DEL VALLE

MGR

05/11/2011

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