

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000094915

**FILED**  
**May 04, 2010**  
**Secretary of State**

**Entity Name:** B2B MEDICAL AESTHETICS, LLC

**Current Principal Place of Business:**

6039 PRINTER STREET  
#104  
TAMPA, FL 33616 US

**New Principal Place of Business:**

**Current Mailing Address:**

6039 PRINTER STREET  
#104  
TAMPA, FL 33616 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

BROWNLEE, BARBARA  
6039 PRINTER STREET  
#104  
TAMPA, FL 33616 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BROWNLEE, BARBARA  
Address: 6039 PRINTER STREET, #104  
City-St-Zip: TAMPA, FL 33616 US

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: BARBARA A. BROWNLEE

MGRM

05/04/2010

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