

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000096593

**FILED**  
**Aug 09, 2010**  
**Secretary of State**

**Entity Name:** DIVINA MED-ESTHETICS, LLC.

**Current Principal Place of Business:**

3105 W. BAY TO BAY BLVD.  
SUITE #1  
TAMPA, FL 33629 US

**New Principal Place of Business:**

**Current Mailing Address:**

3105 W. BAY TO BAY BLVD.  
SUITE #1  
TAMPA, FL 33629 US

**New Mailing Address:**

P.O. BOX 22807  
TAMPA, FL 33622 US

**FEI Number:** 27-1008712

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LIBREROS, LUZ D JR.  
3105 W. BAY TO BAY BLVD.  
SUITE #1  
TAMPA, FL 33629 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:** MGR  
**Name:** LIBREROS, LUZ D JR.  
**Address:** 3105 W. BAY TO BAY BLVD. SUITE #1  
**City-St-Zip:** TAMPA, FL 33629 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:** LUZ D LIBREROS

MGR

08/09/2010

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