

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000003657

**FILED**  
**Feb 03, 2011**  
**Secretary of State**

**Entity Name:** TREASURE COAST LASER AND AESTHETICS, LLC

**Current Principal Place of Business:**

160 NW CENTRAL PARK PLAZA  
SUITE 104  
PORT ST. LUCIE, FL 34986

**New Principal Place of Business:**

124 SW CHAMBER CT  
PORT ST. LUCIE, FL 34986

**Current Mailing Address:**

3100 NORTH A1A  
#401  
FORT PIERCE, FL 34949

**New Mailing Address:**

**FEI Number:** 27-1734016      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

SEGOND, STEVEN V  
3100 NORTH A1A  
#401  
PORT ST. LUCIE, FL 34949 US

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

SEGOND, STEVEN V  
3100 NORTH A1A  
#401  
FORT PIERCE, FL 34949 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

02/03/2011

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SEGOND, STEVEN V  
Address: 3100 NORTH A1A, #401  
City-St-Zip: FORT PIERCE, FL 34949

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: STEVEN V. SEGOND

MGR

02/03/2011

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