

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000112681

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** DERMOESCULTURA FACE AND BODY, LLC

**Current Principal Place of Business:**

4625 CHALFONT DR  
ORLANDO, FL 32837

**New Principal Place of Business:**

7550 FUTURES DR. STE 208  
ORLANDO, FL 32819

**Current Mailing Address:**

4625 CHALFONT DR  
ORLANDO, FL 32837

**New Mailing Address:**

7550 FUTURES DR. STE 280  
ORLANDO, FL 32819

**FEI Number:** 27-3793254

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SERNA, GLORIA  
4625 CHALFONT DR  
ORLANDO, FL 32837 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: MGRM  
Name: SERNA, GLORIA  
Address: 4625 CHALFONT DR  
City-St-Zip: ORLANDO, FL 32837

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: GLORIA SERNA

MGRM

04/30/2011

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