

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000114919

Entity Name: AVANTI MEDICAL SPA, LLC

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

1301 PLANTATION ISLAND DRIVE SOUTH  
SUITE 401  
ST. AUGUSTINE, FL 32080

## **New Principal Place of Business:**

1301 PLANTATION ISLAND DRIVE SOUTH  
SUITE 401A  
ST. AUGUSTINE, FL 32080

## **Current Mailing Address:**

1301 PLANTATION ISLAND DRIVE SOUTH  
SUITE 401  
ST. AUGUSTINE, FL 32080

## **New Mailing Address:**

1301 PLANTATION ISLAND DRIVE SOUTH  
SUITE 401A  
ST. AUGUSTINE, FL 32080

FEI Number: 27-3957123

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DEPASQUALE, MARCUS C  
1301 PLANTATION ISLAND DRIVE SOUTH  
SUITE 401  
ST. AUGUSTINE, FL 32080 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: DEPASQUALE, MARCUS C  
Address: 1301 PLANTATION ISLAND DR. S, STE. 401  
City-St-Zip: ST. AUGUSTINE, FL 32080

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: MARCUS C DEPASQUALE

MGR

03/20/2012

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