

**2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000127430

**FILED  
Jan 04, 2012  
Secretary of State**

**Entity Name:** APRIL J. ROSEN AESTHETICIAN LLC

**Current Principal Place of Business:**

15241 N. DALE MABRY HWY  
SUITE 5  
TAMPA, FL 33618 US

**New Principal Place of Business:**

**Current Mailing Address:**

14610 CANOPY DRIVE  
TAMPA, FL 33626 US

**New Mailing Address:**

FEI Number: 27-4236701      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

ROSEN, MICHAEL A OFFICER  
14610 CANOPY DRIVE  
TAMPA, FL 33626 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: ROSEN, APRIL J  
Address: 14610 CANOPY DRIVE  
City-St-Zip: TAMPA, FL 33626 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: APRIL J. ROSEN

MGRM

01/04/2012

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