# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 12, 2011**
**Secretary of State**

DOCUMENT# L10000127461

**Entity Name:** STRAX REJUVENATION AND AESTHETICS INSTITUTE, LLC

**Current Principal Place of Business:**

4300 NORTH UNIVERSITY DRIVE, STE. E-200
SUNRISE, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

4300 NORTH UNIVERSITY DRIVE, STE. E-200
SUNRISE, FL 33351

**New Mailing Address:**

**FEI Number: 20-1447489** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD, #221-E
PALM BEACH GARDENS, FL 33410 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: AUER, ALBERT
Address: 4300 NORTH UNIVERSITY DRIVE, STE. E-200
City-St-Zip: SUNRISE, FL 33351

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 Statues.

SIGNATURE: ALBERT AUER MGRM 01/12/2011

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