

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000127816

Entity Name: BEAUTY BY LASER, LLC

**FILED**  
**Jun 01, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

7909 HORSE FERRY RD.  
ORLANDO, FL 32835 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 691899  
ORLANDO, FL 32869 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VELARDI, ANTONIO  
7909 HORSE FERRY RD.  
ORLANDO, FL 32835 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: AHMED, AAMERA  
Address: 7909 HORSE FERRY RD.  
City-St-Zip: ORLANDO, FL 32835 US

Title: MGRM  
Name: VELARDI, ANTONIO  
Address: 7909 HORSE FERRY RD.  
City-St-Zip: ORLANDO, FL 32835 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: ANTONIO VELARDI

MGRM

06/01/2011

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