

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000024043

**FILED**  
**Feb 06, 2012**  
**Secretary of State**

**Entity Name:** CENTERS FOR BODY ENHANCEMENT, LLC

**Current Principal Place of Business:**

7890 PETERS ROAD, G-109  
PLANTATION, FL 33324

**New Principal Place of Business:**

8040 PETERS ROAD, H-104  
PLANTATION, FL 33324

**Current Mailing Address:**

7890 PETERS ROAD, G-109  
PLANTATION, FL 33324

**New Mailing Address:**

8040 PETERS ROAD, H-104  
PLANTATION, FL 33324

FEI Number: 27-5279578

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WEISS, LEE  
1328 SOUTH OCEAN DRIVE  
FORT LAUDERDALE, FL 33316 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: REED, TIM  
Address: 8040 PETERS ROAD, H-104  
City-St-Zip: PLANTATION, FL 33324

Title: MGRM  
Name: WEISS, LEE  
Address: 1328 SOUTH OCEAN DRIVE  
City-St-Zip: FORT LAUDERDALE, FL 33316

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: TIMOTHY P REED

MGRM

02/06/2012

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