

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000091415

**FILED**  
**Mar 01, 2012**  
**Secretary of State**

**Entity Name:** MED-ESTHETICS CONSULTING GROUP LLC

**Current Principal Place of Business:**

145 CALLE EL JARDIN  
ST. AUGUSTINE, FL 32095

**New Principal Place of Business:**

12003 LITTLEBERRY COURT  
TAMPA, FL 33635 UN

**Current Mailing Address:**

1090 ALA NAPUNANI ST #213  
HONOLULU, HI 96818 UN

**New Mailing Address:**

12003 LITTLE BERRY COURT  
TAMPA, FL 33635

FEI Number: 45-2935763

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DRAKE, MAXINE  
145 CALLE EL JARDIN  
ST. AUGUSTINE, FL 32095 US

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

DRAKE, MAXINE  
12003 LITTLE BERRY COURT  
TAMPA, FL 33635 US

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

03/01/2012

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DRAKE, MAXINE  
Address: 12003 LITTLE BERRY COURT  
City-St-Zip: TAMPA, FL 33635

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: MAXINE DRAKE

MGRM

03/01/2012

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