

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000094209

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Entity Name:** INTERNATIONAL ACADEMY OF FACIAL AESTHETICS LLC

**Current Principal Place of Business:**

50 BISCAYNE BLVD  
UNIT 3008  
MIAMI, FL 33132

**New Principal Place of Business:**

**Current Mailing Address:**

50 BISCAYNE BLVD  
UNIT 3008  
MIAMI, FL 33132

**New Mailing Address:**

**FEI Number:** 27-2575818

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DENTASPA LLC  
1840 NE 153RD ST  
NORTH MIAMI BEACH, FL 33162 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: MGR  
Name: ANA, DELGADO  
Address: 50 BISCAYNE BLVD UNIT 3008  
City-St-Zip: MIAMI, FL 33132

Title: MGR  
Name: ARUN, GARG  
Address: 1840 NE 153 ST  
City-St-Zip: N. MIAMI BEACH, FL 33162

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: ANA NATALIE DELGADO

MS.

01/10/2012

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