

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000103191

Entity Name: DIVINE MEDISPA LLC

**FILED**  
**Jan 16, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5133 SOUTH LAKELAND DRIVE  
SUITE # 3  
LAKELAND, FL 33813 US

**New Principal Place of Business:**

**Current Mailing Address:**

5133 SOUTH LAKELAND DRIVE  
SUITE # 3  
LAKELAND, FL 33813 US

**New Mailing Address:**

802 RED ASH CT  
SEFFNER, FL 33584 US

FEI Number: 45-3354483

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

QURESHI, ANIQUE A  
802 RED ASH CT  
SEFFNER, FL 33584 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: QURESHI, ANIQUE A  
Address: 802 RED ASH CT  
City-St-Zip: SEFFNER, FL 33584 US

Title: MGR  
Name: QURESHI, MUSARRAT  
Address: 802 RED ASH CT  
City-St-Zip: SEFFNER, FL 33584 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: ANIQUE QURESHI

MGR

01/16/2012

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