

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000112257

Entity Name: TL TATTOO REMOVAL, LLC

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

**Current Principal Place of Business:**

ONE SOUTH OCEAN BLVD.  
SUITE # 306  
BOCA RATON, FL 33432 US

**New Principal Place of Business:**

**Current Mailing Address:**

ONE SOUTH OCEAN BLVD.  
SUITE # 306  
BOCA RATON, FL 33432 US

**New Mailing Address:**

FEI Number: 45-3503608

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

RISK, DWAN  
ONE SOUTH OCEAN BLVD.  
SUITE # 306  
BOCA RATON, FL 33432 US

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

RISK, DAWN  
ONE SOUTH OCEAN BLVD.  
SUITE # 306  
BOCA RATON, FL 33432 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: DAWN RISK

04/10/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: TL MEDICAL ENTERPRISES, LLC  
Address: ONE SOUTH OCEAN BLVD. SUITE 306  
City-St-Zip: BOCA RATON, FL 33432 US

Title: MGRM  
Name: LASER SKIN CARE, INC  
Address: 4869 PINEVIEW CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33445 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: DAWN RISK

CFO

04/10/2012

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