

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # M03000001321 1. Entity Name AESTHETIC CONCEPTS, LLC	
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Principal Place of Business
276 FIFTH AVE., STE. 1105
NEW YORK, NY 10001

Mailing Address
276 FIFTH AVE., STE. 1105
NEW YORK, NY 10001

DO NOT WRITE IN THIS SPACE

02132004No Chg-LLC

CR2E083 (10/03)

4. FEI Number
02-0528091

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, DIANA
880 MICHIGAN AVE
MIAMI BEACH, FL 33139

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

000000091180
03/17/04-80049-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LOPEZ, DIANA
STREET ADDRESS	1880 MICHIGAN AVE
CITY-ST-ZIP	MIAMI BEACH, FL 33139

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #