

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000003077

FILED
Jan 15, 2009
Secretary of State

Entity Name: RADIANCE MEDSPA OF WESTON,FLORIDA, PLLC

Current Principal Place of Business:

4551 WESTON RD.
WESTON, FL 33331

New Principal Place of Business:

Current Mailing Address:

4551 WESTON RD.
WESTON, FL 33331

New Mailing Address:

FEI Number: 75-3192248

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALFONSO, JUAN O
131 BAY COLONY DRIVE
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

ALFONSO, JUAN O
2500 EVERGREEN POINT ROAD
MEDINA, FL 98039 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: JUAN O. ALFONSO

01/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ALFONSO, JUAN O
Address: 131 BAY COLONY DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: MGR () Delete
Name: BEJAR, CARLOS
Address: 70 BAY COLONY DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ALFONSO, JUAN O
Address: 2500 EVERGREEN POINT ROAD
City-St-Zip: MEDINA, WA 98039

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JUAN O. ALFONSO

GM

01/15/2009

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