

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000106686

FILED
Jan 05, 2009
Secretary of State

Entity Name: REJUVENARE, LLC

Current Principal Place of Business:

919 5TH AVE PARKWAY S
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

919 5TH AVE PARKWAY S
NAPLES, FL 34102

New Mailing Address:

FEI Number: 80-0309203

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VELARDE, CARLO
919 5TH AVE PARKWAY S
NAPLES, FL 34102 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: MGRM () Delete
Name: CASCIATI, ARMANDO
Address: 919 5TH AVE PARKWAY S
City-St-Zip: NAPLES, FL 34102

Title: MGRM (X) Delete
Name: VELARDE, CARLO
Address: 919 5TH AVE PARKWAY S
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VELARDE, CARLO
Address: 919 5TH AVE PARKWAY S.
City-St-Zip: NAPLES, FL 34102

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: /CARLO VELARDE/

MGRM

01/05/2009

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