

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035122

Entity Name: LASER AESTHETICS AND WELLNESS, LLC

Current Principal Place of Business:

1507 S. HIAWASSEE ROAD
SUITE 207
ORLANDO, FL 32835

Current Mailing Address:

P O BOX 618347
ORLANDO, FL 32861 US

FEI Number: 20-0268050

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEFKOWITZ, IVAN M
430 N MILLS AVE
ORLANDO, FL 32803 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name AKELLA, RAVI P
Address P O BOX 618347
City-State-Zip: ORLANDO FL 32861

Title MGR
Name VANGALA, PRADEEP K
Address P O BOX 618347
City-State-Zip: ORLANDO FL 32861

Title MGR
Name GANJAM, RAGHU D
Address PO BOX 618347
City-State-Zip: ORLANDO FL 32861

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RAVI P AKELLA

MGR

02/11/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date