

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000114946

Entity Name: WYMORE LASER & ANTI-AGING MEDICINE, LLC

Current Principal Place of Business:

610 NORTH WYMORE ROAD
SUITE A
WINTER PARK, FL 32789

Current Mailing Address:

606 NORTH WYMORE ROAD
WINTER PARK, FL 32789

FEI Number: 27-1409778

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FILARDO, ANTHONY V
610 NORTH WYMORE ROAD
WINTER PARK, FL 32789 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 MGRM
Name FILARDO, ANTHONY V
Address 610 NORTH WYMORE ROAD
City-State-Zip: WINTER PARK FL 32789

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: ANTHONY FILARDO

MGRM

04/23/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date