

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000026890

Entity Name: LA CLINIQUE LLC

Current Principal Place of Business:

13000 SW 15 AVE
302
PEMBROKE PINES, FL 33027

Current Mailing Address:

13000 SW 15 AVE
302
PEMBROKE PINES, FL 33027

FEI Number: 45-4633084

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALVAREZ, VERONICA
13000 SW 15 AVE
302
PEMBROKE PINES, FL 33027 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 MGMR
Name ALVAREZ, VERONICA
Address 13000 SW 15 AVE APT 302
City-State-Zip: PEMBROKE PINES FL 33027

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: VERONICA ALVAREZ

PRESIDENT

04/30/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date