

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000068283

**Entity Name:** ELITE MEDICAL ESTHETICS, LLC

**Current Principal Place of Business:**

609 EAST JACKSON STREET  
SUITE 100  
TAMPA, FL 33602

**Current Mailing Address:**

7558 TAMARIND AVE  
TAMPA, FL 33625 US

**FEI Number:** 47-3765288

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CRISTAL HANENIAN, LLC  
609 EAST JACKSON STREET  
SUITE 100  
TAMPA, FL 33602 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	PRESIDENT	Title	VP
Name	HANENIAN, KRISTEN S	Name	HANENIAN, KEITH M
Address	609 EAST JACKSON STREET; SUITE 100	Address	609 EAST JACKSON STREET; SUITE 100
City-State-Zip:	TAMPA FL 33602	City-State-Zip:	TAMPA FL 33602

*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:** KEITH HANENIAN

VP

01/27/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date