

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000021579

Entity Name: CALLA MEDSPA, LLC

FILED  
Apr 21, 2009  
Secretary of State

**Current Principal Place of Business:**

411 W NEW ENGLAND AVE  
SUITE 215  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

411 W NEW ENGLAND AVE  
SUITE 215  
WINTER PARK, FL 32789

**New Mailing Address:**

FEI Number: 76-0820281

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCARCELLA, ANTHONY J  
5110 SAIL WIND CIRCLE  
ORLANDO, FL 32816 US

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

CB&G SERVICES, INC  
283 CRANES ROOST  
SUITE 165  
ALTAMONTE SPRINGS, FL 32701 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: GREGORY A CHAIRES

04/21/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MD ( ) Delete  
Name: SCARCELLA, ANTHONY J  
Address: 5110 SAIL WIND CIRCLE  
City-St-Zip: ORLANDO, FL 32816 US

**ADDITIONS/CHANGES:**

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: ANTHONY SCARCELLA

DR

04/21/2009

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