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: KIMBERLY M. DIDONA	OWNER/ MANAGING	03/22/2013		

Electronic Signature of Signing Authorized Person(s) Detail

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000082980

Entity Name: ESSENTIALS MASSAGE & FACIALS OF BRANDON, LLC

Current Principal Place of Business:

205 WEST BLOOMINGDALE AVENUE BRANDON, FL 33511

Current Mailing Address:

205 WEST BLOOMINGDALE AVENUE BRANDON, FL 33511 US

FEI Number: 27-3141594

Name and Address of Current Registered Agent:

DIDONA, KIMBERLY M 205 WEST BLOOMINGDALE AVENUE BRANDON, FL 33511 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

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	DIDONA, KIMBERLY M	Name	DIDONA, JOSEPH C
Address	205 WEST BLOOMINGDALE AVENUE	Address	205 WEST BLOOMINGDALE AVENUE
City-State-Zip:	BRANDON FL 33511	City-State-Zip:	BRANDON FL 33511

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 nd

WNER/ MANAGING MEMBER

Date

FILED Mar 22, 2013 Secretary of State CC5285420668

Certificate of Status Desired: No

Date