

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000114022

Entity Name: 7 DAY SPA ON MAHAN LLC

Current Principal Place of Business:

2819 MAHAN DRIVE
TALLAHASSEE, FL 32308

Current Mailing Address:

2819 MAHAN DRIVE
TALLAHASSEE, FL 32308

FEI Number: 27-3841120

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THAI, KIET
2819 MAHAN DR
STE 116
TALLAHASSEE, FL 32308 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 THAI, KIET
Address 2819 MAHAN DRIVE
City-State-Zip: TALLAHASSEE FL 32308

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: KIET THAI

KT

02/19/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date