

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000117086

Entity Name: A DAY AWAY MASSAGE AND SPA LLC**Current Principal Place of Business:**208 MARY ESTHER BLVD. #D
MARY ESTHER, FL 32569**Current Mailing Address:**195 BAGGETT PL. SW
FT. WALTON BEACH, FL 32548**FEI Number:** 27-4126995**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THOMPSON, TABITHA
195 BAGGETT PL. SW
FT. WALTON BEACH, FL 32548 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 | THOMPSON, TABITHA |
| Address | 195 BAGGETT PL. SW |
| City-State-Zip: | FORT WALTON BEACH FL 32548 |

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|-----------------|----------------------------|
| Title | MGRM |
| Name | AUSTIN, DENISE |
| Address | 195 BAGGETT PL. SW |
| City-State-Zip: | FORT WALTON BEACH FL 32548 |

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|-----------------|----------------------------|
| Title | MGRM |
| Name | WHITE, LEAH |
| Address | 206 PILGRIM AVE. |
| City-State-Zip: | FORT WALTON BEACH FL 32547 |

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|-----------------|----------------------|
| Title | MGRM |
| Name | AUSTIN, CHARLES |
| Address | 208 MARY ESTHER BLVD |
| City-State-Zip: | MRY ESTHER FL 32569 |

| | |
|-----------------|---------------------------------|
| Title | MANAGER |
| Name | TORRES, REBECCA |
| Address | 2519 HWY 98 WEST P O BOX 874 |
| City-State-Zip: | MARY ESTHER FL 32569 |

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: TABITHA THOMPSON**MEMBER****01/30/2013**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date