

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000124971

**Entity Name:** BELLA VIDA DAY SPA LLC

**Current Principal Place of Business:**

111 BOND ST  
CLEWISTON, FL 33440

**Current Mailing Address:**

111 BOND ST  
CLEWISTON, FL 33440

**FEI Number:** 36-4711565

**Certificate of Status Desired:** No

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

EDWARDS, CAMERON  
908 POPASH CIRCLE  
CLEWISTON, FL 33440 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 MGR  
Name EDWARDS, CAMERON  
Address 908 POPASH CIRCLE  
City-State-Zip: CLEWISTON FL 33440

*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:** CAMERON EDWARDS

**MANAGER**

**04/30/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date