

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000145713

**Entity Name:** ADONIA SKIN WELLNESS SPA LLC

**Current Principal Place of Business:**

5650 PARK BLVD  
UNIT 1  
PINELLAS PARK, FL 33781

**Current Mailing Address:**

5650 PARK BLVD  
UNIT 1  
PINELLAS PARK, FL 33781 US

**FEI Number:** 12-0001457

**Certificate of Status Desired:** No

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

BAHL, SADHANA  
5650 PARK BLVD  
UNIT 1  
PINELLAS PARK, FL 33781 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 BAHL, SADHANA  
Address 5650 PARK BLVD, UNIT 1  
City-State-Zip: PINELLAS PARK FL 33781

Title MGRM  
Name BAHL, ANUPAM  
Address 5650 PARK BLVD, UNIT 1  
City-State-Zip: PINELLAS PARK FL 33781

*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:** ANUPAM BAHL

**MANAGER**

**01/08/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date