

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 18 AM 8:18

DOCUMENT # L00000006499		
1. Entity Name NIRVANA SPA LLC		
Principal Place of Business 8701 COLLINS AVE S.P.A. MIAMI BEACH, FL 33154		Mailing Address 8701 COLLINS AVE S.P.A. MIAMI BEACH, FL 33154
DO NOT WRITE IN THIS SPACE		
4. FSI Number 65-1010534		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent ZAMYATIN, SEMONE 8701 COLLINS AVE MIAMI BEACH, FL 33141		
DO NOT WRITE IN THIS SPACE		
7. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Semone Zamyatin</u> DATE <u>5/13/05</u> (Signature, typed or printed name of registered agent and date of signature) (NOTE: Registered Agent signature required when filing change)		
Filing Fee is \$50.00 Due by May 1, 2005		
8. MANAGING MEMBERS/MANAGERS		
TITLE	MGRM	
NAME	ZAMYATIN, SEMONE	
STREET ADDRESS	8701 COLLINS AVE	
CITY - ST - ZIP	MIAMI BEACH, FL 33144	
TITLE		
NAME		
STREET ADDRESS		
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TITLE		
NAME		
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TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information included on this report is true and accurate and that my 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 800, Florida Statutes.		
SIGNATURE: <u>Semone Zamyatin</u>		Date <u>5/13/05</u> Daytime Phone #

U00000357864
05/04/05-80093-001 50.00

**DO NOT WRITE
IN THIS SPACE**