

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

**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**



01042008No Chg-LLC

CR2E083 (12/07)

4. FEI 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

8. 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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE \_\_\_\_\_

**FILE NOW!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>MGRM</b>		
	<b>ZAMYATIN, SEMONE</b>	<b>8701 COLLINS AVE</b>	<b>MIAMI BEACH, FL 33144</b>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

U000006780913  
01/14/08-80016-023 138.75

DO NOT WRITE  
IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated 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 608, Florida Statutes.

**SIGNATURE:** *Semone Zamyatin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #