1/11/02-90002-013-S

FILED
Feb 24, 2002 8:00 am
Secretary of State
01-11-2002 90002 013 ****55.00

~~2001~~ 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name: Sandpiper Day Spa, L.L.C.

Principal Place of Business / Mailing Address
3500 S.E. Morningside Blvd.
within Holiday Village of Sandpiper, Inc.
Port St. Lucie, FL. US 34592

[redacted]

13756

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3500 S.E. Morningside Blvd. within Holiday Village	
Suite, Apt. #, etc.: of Sandpiper Inc.	Suite, Apt. #, etc.
City & State: Port St. Lucie, FL	City & State
Zip: 34592 Country: USA	Zip Country

4. FEI Number: 65-1098540 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Krista A Scheele	Name
~~7000 Island Blvd~~	Street Address (P.O. Box Number is Not Acceptable)
#1104	
Aventura, FL 33160	City FL Zip Code

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.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: ~~Managing Director~~ president and CEO / NAME: Krista A Scheele / STREET ADDRESS: 7000 Island Blvd #1104 / CITY-ST-ZIP: Aventura, FL 33160	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (5/01)

STAPLE CHECK HERE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Krista A. Scheele [signature] January 1, 2002 305 936 9019

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #