


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90046 031 ****50.00

DOCUMENT # L01000014107

1. Entity Name
 5-STAR DAY SPA & SALONS, LLC



Principal Place of Business
 5795 TAYLOR BRANCH RD
 PORT ORANGE, FL 32127

Mailing Address
 5804 WEST PORT DR.
 PORT ORANGE, FL 32127

20067770



2. Principal Place of Business
 1730 Dunlawton Ave

3. Mailing Address

Suite, Apt. #, etc.
 Suite 4

Suite, Apt. #, etc.

City & State
 Port Orange, FL

City & State

Zip
 32127

Country
 USA

Zip

Country

07052005 Chg-LLC CR2E083 (10/03)

4. FEI Number
 20-1224521

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

RUSSO, TERESA
 5804 WEST PORT DR.
 PORT ORANGE, FL 32127

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUSSO, TERESA 5804 WEST PORT DR. PORT ORANGE, FL 32127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LE, HOANG 5804 WEST PORT DR. PORT ORANGE, FL 32127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Teresia Russo* Date: *7/5/05* Daytime Phone #: *386-788-5171*