

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90278 024 \*\*\*\*50.00

**DOCUMENT # L01000021840**

1. Entity Name  
**ABUNDANT HEALTH DAY SPA, LLC**



Principal Place of Business  
**1852 RENZULLI ROAD  
NEW SMYRNA BEACH, FL 32168**

Mailing Address  
**PO BOX 517  
NEW SMYRNA BEACH, FL 32170**

**44044367**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03092004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

Applied For

**01-0590958**

Not Applicable

Zip

Country

Zip

Country

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

**BERNER, SHERRI L  
143 LIVE OAK CT  
NEW SMYRNA BEACH, FL 32168**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BERNER, SHERRI L  
143 LIVE OAK COURT  
NEW SMYRNA BEACH, FL 32170** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:**

*Sherril L. Berner*

**3-11-04**

**386-423-9244**

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

Date

Daytime Phone #