

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000021840

FILED  
May 05, 2007  
Secretary of State

**Entity Name:** ABUNDANT HEALTH DAY SPA, LLC

**Current Principal Place of Business:**

1852 RENZULLI ROAD  
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

**Current Mailing Address:**

1852 RENZULLI ROAD  
NEW SMYRNA BEACH, FL 32168

**New Mailing Address:**

FEI Number: 01-0590958      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SLANINA, MARY K  
1852 RENZULLI ROAD  
NEW SMYRNA BEACH, FL 32168      US

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: BERNER, SHERRI L  
Address: 143 LIVE OAK COURT  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: SLANINA, MARY K  
Address: 23203 NEWPORT SOUND PLACE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARY K SLANINA

MGR

05/05/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date