

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022731

Entity Name: THE DAY SPA, LLC

FILED
May 27, 2005
Secretary of State

Current Principal Place of Business:

3200 S. HIAWASSEE ROAD
SUITE 201
ORLANDO, FL 32835

New Principal Place of Business:

3200 S. HIAWASSEE ROAD
SUITE 203
ORLANDO, FL 32835

Current Mailing Address:

3200 S. HIAWASSEE ROAD
SUITE 201
ORLANDO, FL 32835

New Mailing Address:

3200 S. HIAWASSEE ROAD
SUITE 203
ORLANDO, FL 32835

FEI Number: 22-3869273 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:

SLATALMACHIA, ELYSE
3200 S. HIAWASSEE ROAD
SUITE 201
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

SALTALAMACHIA, ELYSE DR.
3200 S. HIAWASSEE ROAD
SUITE 203
ORLANDO, FL 32835 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: ELYSE SALTALAMACHIA

05/27/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SALTALAMACHIA, ELYSE
Address: 3200 S. HIAWASSEE ROAD, SUITE 201
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SALTALAMACHIA, ELYSE
Address: 3200 S. HIAWASSEE ROAD, SUITE 203
City-St-Zip: ORLANDO, FL 32835

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ELYSE SALTALAMACHIA

DR.

05/27/2005

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