

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000030162

1. Entity Name
SPA DESTINATIONS LLC



Principal Place of Business
511 NORTH PINELLAS AVENUE
TARPON SPRINGS, FL 34689

Mailing Address
511 NORTH PINELLAS AVENUE
TARPON SPRINGS, FL 34689



01092008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-0068934

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRODROMITIS, DEMOSTHENES G
511 NORTH PINELLAS AVENUE
TARPON SPRINGS, FL 34689

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CANTONIS, GEORGE
STREET ADDRESS	855 EAST PINE STREET
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	MGRM
NAME	PRODROMITIS, DEMOSTHENES G
STREET ADDRESS	511 N. PINELLAS AVE.
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/21/08-800495011 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

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

Date

2/11/08

Daytime Phone # _____