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2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L02000032386

1. Entity Name
SIMPLICITY DAY SPA, L.L.C.

FILED
03 JUL 31 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
527-B U.S. HIGHWAY 41 BYPASS NORTH VENICE FL 34292	527-B U.S. HIGHWAY 41 BYPASS NORTH VENICE FL 34292

2. Principal Place of Business	3. Mailing Address
525 A US 41 Bypass N	525 A US 41 Bypass N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Venice	City & State: Fl
Zip: 34285 Country: Sarasota	Zip: 34285 Country: Sarasota

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 33-1035756 — ☐ Applied For ☐ Not Applicable

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
~~PEYTON, DELIGHT~~ 337 PONCE DE LEON VENICE FL 34285	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 Delight Peyton — 7-2-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PEYTON, DELIGHT 337 PONCE DE LEON VENICE FL 34285 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (4/03)

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: Delight M. Peyton — 7-2-03 — (941) 484-5210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #