

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008511

**FILED**  
**Mar 22, 2009**  
**Secretary of State**

**Entity Name:** ALLURE EUROPIAN DAY SPA,LLC

**Current Principal Place of Business:**

210 OLD KINGS RD SOUTH  
SUITE 1100  
FLAGLER BEACH, FL 32136

**New Principal Place of Business:**

210 OLD KINGS RD SOUTH  
SUITE 1000-1100  
FLAGLER BEACH, FL 32136

**Current Mailing Address:**

210 OLD KINGS RD SOUTH  
# 600  
FLAGLER BEACH, FL 32136

**New Mailing Address:**

210 OLD KINGS RD SOUTH  
# 1000-1100  
FLAGLER BEACH, FL 32136

**FEI Number:** 81-0603793

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

IRINA, SAMURIN A MGR  
49 OLD OAK DR SOUTH  
PALM COAST, FL 32137 US

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

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: MGR ( ) Delete  
Name: SAMURIN, IRINA A  
Address: 49 OLD OAK DR SOUTH  
City-St-Zip: PALM COAST, FL 32137

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: IRINA SAMURIN

MGR

03/22/2009

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