


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000012271</b> <small>1. Entity Name</small> <b>THE CLOTHES SPA, LLC</b>	
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<small>Principal Place of Business</small> <b>346 SE PORT ST LUCIE BLVD PORT ST LUCIE, FL 34984</b>	<small>Mailing Address</small> <b>346 SE PORT ST LUCIE BLVD PORT ST LUCIE, FL 34984</b>
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01112006 No Chg-LLC

CR2E083 (11/05)

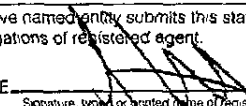
**DO NOT WRITE IN THIS SPACE**

<small>4. FEI Number</small> <b>80-0084152</b>	<small>Applied For</small> <input type="checkbox"/> <small>Not Applicable</small>
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<small>5. Certificate of Status Desired</small> <input type="checkbox"/>	<b>\$5.00</b> <small>Additional Fee Required</small>
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<small>6. Name and Address of Current Registered Agent</small> <b>SCERENSCKO, STEPHEN M 346 SE PORT ST LUCIE BLVD PORT ST LUCIE, FL 34984</b>
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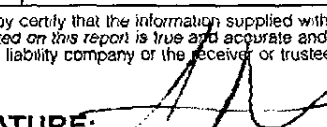
<small>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</small>	<small>DATE</small> <b>11/8/06</b>
<small>SIGNATURE</small>  <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when re-registering)</small>

**Filing Fee is \$50.00  
Due by May 1, 2006**

<small>9. MANAGING MEMBERS/MANAGERS</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<b>MGRM SCERENSCKO, STEPHEN 3478 SW COCO PALM DR. PALM CITY, FL 34990</b>
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	
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<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	

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**000000418275  
02/13/06-80088-024 50.00**

<small>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.</small>	
<small>SIGNATURE</small>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>DATE</small> <b>1/18/06</b> <small>Daytime Phone #</small> <b>728-486-4831</b>