2004 LIMITED LIABILITY COMPANY

Apr 27, 2004 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L03000015119** 04-27-2004 90017 010 ****50.00 1. Entity Name BODÝ WORKS DAY SPA, LLC Principal Place of Business Mailing Address 2014 17TH ST 2014 17TH ST SARASOTA, FL 34234 SARASOTA, FL 34234 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04142004 Chg-LLC CR2E083 (10/03) 4. FEI Number City & State City & State Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. Name STANLEY A. GOLDSMITH GOODWIN, JAMES W Street Address (PANBox Number is Not Acceptable) 400 NORTH TAMPA ST., STE. 2300 TAMPA, FL 33602 SUITE 1001 City SARASOTA 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. <u>rgg rm</u> TITLE Delete TITLE Change Addition RITA M. FRAQUELLI NAME NAME STREET ADDRESS STREET ADDRESS 1205 Highland CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MARAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 pr the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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