

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000044311 1. Entity Name * ESMERLYN'S HEALTH ACADEMY L.L.C.	
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Principal Place of Business 1190 NW 83RD AVE CORAL SPRINGS FL 33071	Mailing Address 1190 NW 83RD AVE CORAL SPRINGS FL 33071-52
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
Country	Country	

1st MOORE CR2E083 (10/05)

4. FEI Number 52-2436094	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WYNTER, BERNICE 1190 NW 83 AVE CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent 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 _____	DATE _____
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FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		<input type="checkbox"/> Delete
TITLE	MGRM	<input type="checkbox"/>
NAME	WYNTER, BERNICE	
STREET ADDRESS	1190 NW 83 AVE	
CITY - ST - ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	1100000508305	<input type="checkbox"/>	<input type="checkbox"/>
NAME	04/28/06-80024-008 50.00		
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 609, Florida Statutes.

SIGNATURE 	Date 2/14/06	Daytime Phone # 954 345 4418
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