2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000011178

1. Entity Name
THE CLOTHES SPA AT ST. LUCIE WEST, LLC

Principal Place of Business	Mailing Address
125 SW CASHMERE BLVD., STE 103 PORT ST LUCIE, FL 32986	125 SW CASHMERE BLVD., STE 103 PORT ST LUCIE, FL 32986

DO NOT WRITE IN THIS SPACE

01132007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
42-1627650

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SCERENSCKO, STEPHEN M
125 SW CASHMERE BLVD., STE 103
PORT ST LUCIE, FL 32986

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

U00000620987
02/09/07-80059-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SCERENSCKO, STEPHEN
STREET ADDRESS	3428 SW 6069 PAEN DR
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: _____ 1/28/07 772-408-5039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #