

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000019912

FILED
Jul 16, 2007
Secretary of State

Entity Name: ALLURE MEDICAL & BEAUTY SPA, LLC

Current Principal Place of Business:

1516 SOUTH ALAFAYA TRAIL
SUITE 400
ORLANDO, FL 32828 US

New Principal Place of Business:

Current Mailing Address:

1516 SOUTH ALAFAYA TRAIL
SUITE 400
ORLANDO, FL 32828 US

New Mailing Address:

FEI Number: 75-3146567 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DUNCAN, AMY B
2524 ROSE SPRING DR
ORLANDO, FL 32825 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: MGRM () Delete
Name: DUNCAN, AMY B
Address: 2524 ROSE SPRING DR
City-St-Zip: ORLANDO, FL 32825

Title: MGRM () Delete
Name: DUNCAN, DALTON M
Address: 2524 ROSE SPRING DR
City-St-Zip: ORLANDO, FL 32825

Title: MGR (X) Delete
Name: FRASER, JILLIAN
Address: 530 FITZWILLIAM WAY
City-St-Zip: ORLANDO, FL 32828

Title: MGR () Delete
Name: HANRAHAN, AMY L
Address: 4003 SW 104TH ST
City-St-Zip: OCALA, FL 34476

ADDITIONS/CHANGES:

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

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

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

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: AMY HANRAHAN

MGR

07/16/2007

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