

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000019912

FILED
Apr 14, 2009
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:

2524 ROSE SPRING DRIVE
ORLANDO, FL 32825 US

FEI Number: 75-3146567

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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 () Delete
Name: HANRAHAN, AMY L
Address: 12840 SW 98TH STREET
City-St-Zip: OCALA, FL 34432

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:

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: DALTON M. DUNCAN

MGRM

04/14/2009

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