2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
08 OCT -3 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
3001123

DOCUMENT # L04000049699

1. Entity Name
OPULENCE MEDI SPA L.L.C.

Principal Place of Business
1890 LPGA BLVD, STE 140
DAYTONA BEACH, FL 32114

Mailing Address
1890 LPGA BLVD, STE 140
DAYTONA BEACH, FL 32114

06232008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #
311 N. Clyde Morris Blvd.
Suite, Apt. #, etc.
510
City & State
Datona Beach, FL
Zip
32114
Country
USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country
same

4. FEI Number
42-1635725
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
CHOBEE EBBETS, P.A.
210 S BEACH ST, STE 200
DAYTONA BEACH, FL 32114

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

FILE NOW!!! FEE IS $538.75
Due by September 12, 2008

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	LOESSIN, SCOTT J M.D.	
STREET ADDRESS	1890 LPGA BLVD	
CITY-ST-ZIP	DAYTONA BEACH, FL 32117	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	311 N. Clyde Morris Blvd, Suite 510	
CITY-ST-ZIP	Daytona Beach, FL 32114	
TITLE		☐ Change ☐ Addition
NAME	000136933460	
STREET ADDRESS	10/15/08--01003--016 **538.75	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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 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: SJ Loessin 9 Sept 08 386 ~~451-2543~~ 258-3223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #