

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052312

FILED
Jun 18, 2009
Secretary of State

Entity Name: REFLECTIONS SPA & RESORT, LLC

Current Principal Place of Business:

4393 COMMONS DRIVE EAST
DESTIN, FL 32541

New Principal Place of Business:

4393 COMMONS DRIVE EAST
SUITE 207
DESTIN, FL 32541

Current Mailing Address:

4393 COMMONS DRIVE EAST
DESTIN, FL 32541

New Mailing Address:

4393 COMMONS DRIVE EAST
SUITE 207
DESTIN, FL 32541

FEI Number: 20-1367577 **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:

Name and Address of New Registered Agent:

HALL, STEVEN K
4399 COMMONS DRIVE EAST
SUITE 300
DESTIN, FL 32541 US

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: FLAUTT CORNERSTONE MANAGERS, LLC
Address: 4393 COMMONS DRIVE EAST
City-St-Zip: DESTIN, FL 32541

Title: MGR () Delete
Name: FLAUTT-CORNERSTONE BAY POINT
Address: 4393 COMMONS DRIVE EAST
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES:

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: ROBERT KAMM

CEO

06/18/2009

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