2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000056044

Entity Name: SPA CARA, LLC

City-St-Zip: PALM BEACH, FL 33480

FILED Jun 26, 2009 Secretary of State

Current P	rincipal Place of Business:	New Principal Place of Business	::	
	•	,	-	
	L POINCIANA WAY ACH, FL 33408			
Current M	ailing Address:	New Mailing Address:		
	MBIA DR STE D-201 LM BEACH, FL 33409			
In accordan	: 20-1428267 FEI Number Applied For (ce with s. 607.193(2)(b), F.S., the limited liabili Address of Current Registered Ager	y company did not receive the prior notice.	e of Status Desired ()	
8412 NATI PALM BEA	, CHARLES D VE DANCER RD ACH GARDENS, FL 33418 US			
	named entity submits this statement for e of Florida.	the purpose of changing its registered office or re	gistered agent, or both	
SIGNATUF	RE:			
	Electronic Signature of Registere	Agent D	ate	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () Delete CONIGLIO, FRANK 104 CLEMATIS STREET WEST PALM BEACH, FL 33401	Title: () Change () Name: Address: City-St-Zip:) Addition	
Title: Name: Address: City-St-Zip:	MGR () Delete CONIGLIO, NICHOLAS 104 CLEMATIS STREET WEST PALM BEACH, FL 33401	Title: () Change () Name: Address: City-St-Zip:) Addition	
Title: Name: Address: City-St-Zip:	MGR () Delete BEERS, KEN 283 ROYAL POINCIANA WAY PALM BEACH, FL 33480	Title: () Change () Name: Address: City-St-Zip:) Addition	
Title: Name: Address: City-St-Zip:	MGR () Delete CONIGLIO, GAIL L 1139 N OCEAN BLVD PALM BEACH, FL 33480	Title: () Change () Name: Address: City-St-Zip:) Addition	
Title: Name:	MGR () Delete CONIGLIO, CARA	Title: () Change () Name:) Addition	

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.

City-St-Zip:

SIGNATURE: FRANK CONIGLIO MGRM 06/26/2009