

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000062605

FILED
Aug 01, 2005
Secretary of State

Entity Name: A HEALTHY EXPERIENCE MASSAGE & SKIN CARE SPA LLC

Current Principal Place of Business:

4117 W. WATERS AVE
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

4117 W. WATERS AVE
TAMPA, FL 33614

New Mailing Address:

FEI Number: 30-0273134 **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:

H. TONI CRUZ, CPA
3111 W. DR. M. L. KING BLVD.
SUITE 100, MB K-17
TAMPA, FL 33607 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: WILSON, DOLORES
Address: 4117 W. WATERS AVE
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LOLA WILSON LMT/FB

CEO

08/01/2005

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