

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000062605

FILED
Feb 03, 2009
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:

3939 EHRLICH RD
TAMPA, FL 33624

Current Mailing Address:

4117 W. WATERS AVE
TAMPA, FL 33614

New Mailing Address:

P.O.BOX 8157
TAMPA, FL 33674

FEI Number: 30-0273134

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: MGRM (X) Change () Addition
Name: WILSON, DOLORES
Address: 3939 EHRLICH
City-St-Zip: TAMPA, FL 33624

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: DOLORES WILSON

MRS

02/03/2009

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