

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP -6 AM 10:40

DOCUMENT # L04000076482

1. Entity Name
BELLEZA AT PONTE VEDRA, LLC



Principal Place of Business
100 ATLANTA TECHNOLOGY CENTER, STE. 200
1575 NORTHSIDE DRIVE, NW
ATLANTA, GA 30318

Mailing Address
100 ATLANTA TECHNOLOGY CENTER, STE. 200
1575 NORTHSIDE DRIVE, NW
ATLANTA, GA 30318

DO NOT WRITE IN THIS SPACE

07112006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
58-2508243

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALTERS, MICHAEL A
50 NORTH LAURA ST., STE. 2600
JACKSONVILLE, FL 32202

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by September 6, 2006**

05/04/06 90035 019 \$50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GEREE SUNCOAST, LLC
1575 NORTHSIDE DRIVE, NW., STE. 200
ATLANTA, GA 30318

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Bruce Wetherington Bruce Wetherington 9/1/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #