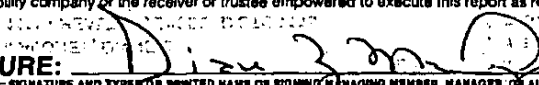


FILED
Mar 18, 2005 8:00 am
Secretary of State

02-18-2005 90133 017 ****50.00

2005 LIMITED LIABILITY COMPANY-
ANNUAL REPORT

DOCUMENT # L04000087635			
1. Entity Name THE FACE SPA, LLC			
Principal Place of Business 11181 HEALTH PARK BLVD STE 1115 NAPLES, FL 34110		Mailing Address 11181 HEALTH PARK BLVD STE 1115 NAPLES, FL 34110	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Filing Number 20-1974809		Applied For ☐ Not Applicable	
6. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MALONEY, DIANE Z 11181 HEALTH PARK BLVD STE 1115 NAPLES, FL 34110		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reappointing) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
B. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MALONEY, DIANE Z 11181 HEALTH PARK BLVD STE 1115 NAPLES, FL 34110 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify 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 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: 		Date _____ Daytime Phone _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			