

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000000134

**FILED**  
**Jan 04, 2006**  
**Secretary of State**

**Entity Name:** AFFLUENCE HEALTH AND BEAUTY SPA, LLC

**Current Principal Place of Business:**

49 OLD OAK DR S  
PALM COAST, FL 32137

**New Principal Place of Business:**

210 OLD KINGS RD S  
1100  
FLAGLER BEACH, FL 32136

**Current Mailing Address:**

49 OLD OAK DR S  
PALM COAST, FL 32137

**New Mailing Address:**

210 OLD KINGS RD S  
1100  
FLAGLER BEACH, FL 32136

**FEI Number:** 84-1665445

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROUGHTON, MELISSA  
11 CROSSGATE COURT  
PALM COAST, FL 32137 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: MGR ( ) Delete  
Name: SAMURIN, IRINA  
Address: 49 OLD OAK DR S  
City-St-Zip: PALM COAST, FL 32137

**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 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: IRINA SAMURIN

MGR

01/04/2006

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