

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90228 045 \*\*\*138.75

**DOCUMENT # L05000011030**

1. Entity Name  
**SPA GROUP, LLC**



Principal Place of Business  
**3213 DESERT ST.  
PENSACOLA, FL 32514  
2044 Pin High Dr  
Pensacola FL 32526**

Mailing Address  
**3213 DESERT ST.  
PENSACOLA, FL 32514  
2044 Pin High Dr.  
Pensacola FL 32526**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

**20-2302581**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**HINRICHS, CHRISTIAN  
3213 DESERT ST.  
PENSACOLA, FL 32514**

## 7. Name and Address of New Registered Agent

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**MGRM  
HINRICHS, CHRISTIAN  
3213 DESERT ST. 2044 Pin High Dr  
PENSACOLA, FL 32514 Pensacola, FL 32526**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**MGRM  
HINRICHS, TANDY  
3213 DESERT ST. 2044 Pin High Dr  
PENSACOLA, FL 32514 Pensacola FL 32526**

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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:** *Tandy Hinrichs* **Tandy Hinrichs** **4/11/08** **850-944-5596**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #