2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State
02-13-2006 90188 044 ****55.00

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1. Entity Name
ABANITIO SALON & DAY SPA, LLC

Principal Place of Business	Mailing Address
506 RUTILE DRIVE PONTE VEDRA BEACH, FL 32082	506 RUTILE DRIVE PONTE VEDRA BEACH, FL 32082

02082006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
6000 B2 Sawgrass Village	506 Rutile Drive
Suite, Apt. #, etc. Circle	Suite, Apt. #, etc.
City & State Ponte Vedra Beach, FL.	City & State Ponte Vedra Beach, FL
Zip 32082 Country USA	Zip 32082 Country USA

4. FEI Number 20-8550093 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CALLOWAY, KAREN
506 RUTILE DRIVE
PONTE VEDRA BEACH, FL 32082

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

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	Medical Director	☐ Change ☒ Addition
NAME	CALLOWAY, KAREN		NAME	Daniel M. Calloway, MD	
STREET ADDRESS	506 RUTILE DRIVE		STREET ADDRESS	6000 B1 Sawgrass Village Cir	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Karen J. Calloway 2-8-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #