

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 09, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000075150**

1. Entity Name  
**WRAPTURES - THE BODY SALON, LLC**



Principal Place of Business  
**195 AVENUE D NW  
WINTER HAVEN, FL 33881 US**

Mailing Address  
**195 AVENUE D NW  
WINTER HAVEN, FL 33881 US**



05072008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3233000**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MOORE, ROBIN P  
5013 RIVER LAKE RD  
WINTER HAVEN, FL 33884**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$538.75  
Due by September 12, 2008**

**9. MANAGING MEMBERS/MANAGERS**

TITLE: **MGRM**  
NAME: **MOORE, ROBIN P**  
STREET ADDRESS: **5013 RIVER LAKE RD**  
CITY-ST-ZIP: **WINTER HAVEN, FL 33884**

TITLE: **MGRM**  
NAME: **BIRD, SUZANNE**  
STREET ADDRESS: **2105 JONATHAN LN**  
CITY-ST-ZIP: **WINTER HAVEN, FL 33884**

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

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06/03/08-60071-010 150.00

**DO NOT WRITE  
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:** \_\_\_\_\_

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

Date

Daytime Phone #