

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000082525

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Entity Name:** LIVING WATERS DAY SPA, LLC

**Current Principal Place of Business:**

301 NW 179TH AVE.  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

301 NW 179TH AVE.  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

**FEI Number:** 20-3343867

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MILARDO, JIM  
301 NW 179 AVENUE BLDG. M  
PEMBROKE PINES, FL 33029 US

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

MILARDO, JAMES A  
301 NW 179 AVENUE BLDG. M  
PEMBROKE PINES, FL 33029 US

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: JAMES A MILARDO

04/29/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MILARDO, JAMES A  
Address: 301 NW 179TH AVE.  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM  
Name: MILARDO, CHRISTENE A  
Address: 301 NW 179 AVENUE BLDG. M  
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby 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: JAMES A MILARDO

MGRM

04/29/2012

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