2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L05000088893 THE CLOTHES SPA OF JENSEN BEACH, LLC



FILED Feb 05, 2007 08:00 AN Secretary of State

Principal	Place	of	Susiness	
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Mailing Address

915 NE JENSEN BEACH BLVD. JENSEN BEACH, FL 34957

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01132007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3434392 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NORMAN, KENNETH A 2400 S.E. FEDERAL HIGHWAY, FOURTH FLOOR STUART, FL 34994

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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.	l am familiar with, and accept
the obligations of registered agent.	

SIGNATURE.

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Signature, lyped or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

U00000620491 02/09/07-80040-006 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCERENSCKO, STEPHEN M 3478 SW COCO PALM DRIVE PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
ITLE 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	
11. (hereby :	certify that the information supplied with this fillidg does not qualify for the exe

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I hereby certify that the information supplied with this filling 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 imitted liability company or the receiver or trustee employeered 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