2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2009
Secretary of State

DOCUMENT# L05000098204

Entity Name: LIVING WATERS DAY SPA, LLC

Current Principal Place of Business:

439 BELMONT AVE
VENICE, FL 34293

New Principal Place of Business:

345 OAKWOOD CIRCLE
ENGLEWOOD, FL 34223

Current Mailing Address:

439 BELMONT AVE
VENICE, FL 34293

New Mailing Address:

345 OAKWOOD CIRCLE
ENGLEWOOD, FL 34223

FEI Number: 86-1148430 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUFF, KERI L LMT
439 BELMONT AVE
VENICE, FL 34293 US

Name and Address of New Registered Agent:

DUFF, KERI L LMT
345 OAKWOOD CIRCLE
ENGLEWOOD, FL 34293 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: KERI L. DUFF 01/25/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MS. ( ) Delete
Name: DUFF, KERI L LMT
Address: 439 BELMONT AVE
City-St-Zip: VENICE, FL 34293

ADDITIONS/CHANGES:

Title: MS. (X) Change ( ) Addition
Name: DUFF, KERI L LMT
Address: 345 OAKWOOD CIRCLE
City-St-Zip: ENGLEWOOD, FL 34223

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: KERI L. DUFF MRS. 01/25/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date