

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000109314

**FILED**  
**Apr 04, 2007**  
**Secretary of State**

**Entity Name:** MARSELLA'S FACE, BODY & SOUL, LLC

**Current Principal Place of Business:**

38057 PASCO AVE  
DADE CITY, FL 33525 US

**New Principal Place of Business:**

2615 WIND GUARD CIRCLE  
SUITE 101  
WESLEY CHAPEL, FL 33543 US

**Current Mailing Address:**

38057 PASCO AVE  
DADE CITY, FL 33525 US

**New Mailing Address:**

37244 NICOLE AVE  
ZEPHYRHILLS, FL 33541 US

**FEI Number:** 20-3803624

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARSELLA, BARBARA R.N.  
38057 PASCO AVE  
DADE CITY, FL 33525 US

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

MARSELLA, BARBARA R.N.  
37244 NICOLE AVE  
ZEPHYRHILLS, FL 33541 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:

04/04/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MARSELLA, BARBARA R.N.  
Address: 37244 NICOLE AVE  
City-St-Zip: ZEPHYR HILLS, FL 33541 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: BARBARA MARSELLA

MGRM

04/04/2007

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