

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90193 007 \*\*\*\*50.00

**DOCUMENT # L05000120346**

1. Entity Name

A HEALTH & BEAUTY CLINIC, LLC



Principal Place of Business

2335 9TH STREET NORTH, SUITE 303-B  
NAPLES FL 34103

Mailing Address

2335 9TH STREET NORTH, SUITE 303-B  
NAPLES FL 34103



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-4044277

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145~~

7. Name and Address of New Registered Agent

Name **SHELLEY EGE**

Street Address (P.O. Box Number is Not Acceptable)

**1033 ROYAL PALM DRIVE**

City **NAPLES**

**FL**

Zip Code **34103**

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

*Shelley Ege*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*2/22/07*

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
ACERRA-VAN DER MEER, PATRICIA  
2335 9TH STREET NORTH, SUITE 303-B  
NAPLES FL 34103 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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CITY - ST - ZIP  
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ACERRA-VAN DER MEER, PATRICIA  
2335 9TH STREET NORTH, SUITE 303-B  
NAPLES FL 34103 ☐ Delete

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

*Patricia Anna Vander Meer*

Signature and typed or printed name of signing managing member, manager, or authorized representative

*2/22/07*

Date

*2396599100*

Daytime Phone #