

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 06, 2007 8:00 am
Secretary of State

08-06-2007 90056 015 ****50.00

DOCUMENT # L06000051201

1. Entity Name
SIGNATURE DAY SPA, LLC



Principal Place of Business
3128 NW FEDERAL HWY, SUITE A
JENSEN BEACH, FL 34957

Mailing Address
5085 BUFORD HWY
DORAVILLE, GA 30340

60004433



2. Principal Place of Business - No P.O. Box #
3128 NW FEDERAL HWY

3. Mailing Address

Suite, Apt. #, etc.
A

Suite, Apt. #, etc.

City & State
JENSEN BEACH, FL

City & State

Zip
34957

Country

Zip

Country

07022007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-4938234

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NGUYEN, JOE -
3128 NW FEDERAL HWY, SUITE A
JENSEN BEACH, FL 34957

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 [Signature]
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7/23/07
DATE

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME NGUYEN, JOE
STREET ADDRESS 3128 NW FEDERAL HWY, SUITE A
CITY-ST-ZIP JENSEN BEACH, FL 34957 ☐ Delete

TITLE MGRM
NAME NGUYEN, NHUNG T
STREET ADDRESS 3128 NW FEDERAL HWY, SUITE A
CITY-ST-ZIP JENSEN BEACH, FL 34957 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

11. I hereby certify that the information supplied with this filing 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

/JOE NGUYEN

7/23/07