2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L06000062862

FILED May 04, 2007 8:00 am Secretary of State 05-04-2007 90310 027 ****50.00

1. Entity Nam PARK AV		OOL AND SPA SEF	RVICE, LLC							
Principal Place of Business 6017 PINE RIDGE ROAD #383 NAPLES, FL 34119			Mailing Address 6017 PINE RIDGE ROAD #383 NAPLES, FL 34119		60048624					
Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04302007	Chg-LLC	CR2E	083 (12/06)	/		
City & State		City & State			4. FEI Numb	per		Ap No	pried For at Applicable	
Zip Country		Zip Country		5. Certificate	e of Status Desired		\$5.00 Add Fee Require			
	6. Name	and Address of Current R	egistered Agent			7. Name an	d Address of New R	egistered	Agent	
					Name					
SCHULTZ, ROBERT W 5934 ALMANDEN DR NAPLES, FL 34 119					Street Address	Street Address (P.O. Box Number is Not Acceptable)				
									T	
- * *					City			FL	Zip Code	ê
	named entity ions of regist	y submits this statement for tered agent.	the purpose of changing its	registere	ed office or registe	ered agent, or bo	oth, in the State of Ro	rida. I am	familiar with,	and accept
SIGNATURE	Signature, typed	or printed name of registered agent an	d title if applicable. (NOTE	E Registere	d Agent signature require	ed when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007							T	•		
	ue by May	y 1, 2007							payable to nent of State	e
	ue by May	y 1, 2007	S/MANAGERS	10.				Departm	ent of State	9
D	MGRM	MANAGING MEMBER	IS/MANAGERS	10.	E		Florida	Departm	ent of State	Addition
9. TITLE NAME	MGRM SCHULTZ	y 1, 2007 MANAGING MEMBER Z, ROBERT W		TITLE	E		Florida	Departm	ent of State	
9. TITLE NAME STREET ADDRESS	MGRM SCHULTZ 5934 ALM	Y 1, 2007 MANAGING MEMBER Z, ROBERT W MANDEN DR.		TITLE NAM STRE	ET ADDRESS		Florida	Departm	ent of State	
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGRM SCHULTZ 5934 ALM	y 1, 2007 MANAGING MEMBER Z, ROBERT W	☐ Delete	NAM STRE CITY	EET ADDRESS - -S1-ZIP		Florida	Departm	Change	Addition
9. TITLE NAME STREET ADDRESS	MGRM SCHULTZ 5934 ALM	Y 1, 2007 MANAGING MEMBER Z, ROBERT W MANDEN DR.		TITLE NAM STRE	EET ADDRESSS1-ZIP		Florida	Departm	ent of State	
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11. I hereby certify that the information supplied with this filing does not quality 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 receiper 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.