

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90032 042 ****50.00

DOCUMENT # L06000071197

1. Entity Name

GARDEN OF EDEN SALON & DAY SPA, LLC



Principal Place of Business

Mailing Address

14233 7TH ST.
DADE CITY FL 33523

14233 7TH ST.
DADE CITY FL 33523



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-5192715

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLOOD, DEBRA R
14233 7TH ST.
DADE CITY FL 33523

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

Debra R Flood

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
MGRM
FLOOD, DEBRA R
14233 7TH ST.
DADE CITY FL 33523 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

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CITY ST ZIP ☐ Change ☐ Addition

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NAME
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CITY ST ZIP ☐ Delete

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 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:

Debra R Flood

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

Date

Daytime Phone #

4-2507 352 523 0300