


**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90095 008 \*\*\*138.75

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L06000071197</b> 1. Entity Name GARDEN OF EDEN SALON & DAY SPA, LLC	
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Principal Place of Business 14233 7TH ST. DADE CITY, FL 33523	Mailing Address 14233 7TH ST. DADE CITY, FL 33523
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**DO NOT WRITE IN THIS SPACE**



01232008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5192715	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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)

1-23-08  
DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FLOOD, DEBRA R 14233 7TH ST. DADE CITY, FL 33523
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**DO NOT WRITE  
IN THIS SPACE**

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: Debra R. Flood

3-7-08

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

Date

Daytime Phone #