

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071353

FILED
Apr 21, 2008
Secretary of State

Entity Name: BODY WRAPS OF VENICE, LLC

Current Principal Place of Business:

2065 S.TAMIAMI TR.
VENICE, FL 34293 US

New Principal Place of Business:

895 S. INDIANA AVE.
B
ENGLEWOOD, FL 34223 US

Current Mailing Address:

9518 PROPECT AVE
ENGLEWOOD, FL 34224 US

New Mailing Address:

895 S. INDIANA AVE.
B
ENGLEWOOD, FL 34223 US

FEI Number: 41-2214117

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMILTON, CHRISTINA M
2065 S.TAMIAMI TR.
VENICE, FL 34293 US

Name and Address of New Registered Agent:

BOROVSKY, ALICIA N OWNER
895 S. INDIANA AVE.
B
ENGLEWOOD, FL 34223 US

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.

SIGNATURE: ALICIA BOROVSKY

04/21/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HAMILTON, CHRISTINA M
Address: 9518 PROSPECT AVE.
City-St-Zip: ENGLEWOOD, FL 34224 US

Title: MGR (X) Delete
Name: BOROVSKY, ALICIA N
Address: 2260 MELODY RD.
City-St-Zip: ENGLEWOOD, FL 34223 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BOROVSKY, ALICIA N MGR
Address: 895 S. INDIANA AVE
City-St-Zip: ENGLEWOOD, FL 34223 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALICIA BOROVSKY

MGR

04/21/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date