

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071957

**FILED**  
**Mar 29, 2009**  
**Secretary of State**

**Entity Name:** ZEN ESSENTIALS DAY SPA, LLC

**Current Principal Place of Business:**

7025 COUNTY ROAD 46A  
SUITE 1041  
LAKE MARY, FL 32746 US

**New Principal Place of Business:**

**Current Mailing Address:**

5234 FOREST EDGE CT  
SANFORD, FL 32771 US

**New Mailing Address:**

**FEI Number:** 20-5248595

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

MAIOCCO, KATHRYN L  
5234 FOREST EDGE COURT  
SANFORD, FL 32771 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: KATHRYN L MAIOCCO

03/29/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MAIOCCO, KATHRYN L  
Address: 5234 FOREST EDGE CT  
City-St-Zip: SANFORD, FL 32771 US

**ADDITIONS/CHANGES:**

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: KATHRYN L MAIOCCO

MGRM

03/29/2009

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