

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000071957

**FILED**  
**Mar 15, 2011**  
**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:**

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

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

I hereby 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      03/15/2011

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