


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90065 018 \*\*\*\*50.00

<b>DOCUMENT # L06000095868</b>	
1. Entity Name <b>BAREFOOT MEDSPA AND WELLNESS CENTER, LLC</b>	

Principal Place of Business 1205 BEACH BLVD. JACKSONVILLE BEACH, FL 32250 US	Mailing Address 1205 BEACH BLVD. JACKSONVILLE BEACH, FL 32250 US
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2. Principal Place of Business - No P.O. Box # <b>1205 Beach Blvd.</b>	3. Mailing Address <b>2236 Park St.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Jax Beach, FL</b>	City & State <b>Jax, FL</b>
Zip <b>32250</b>	Zip <b>32204</b>
Country <b>USA</b>	Country <b>USA</b>



04202007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>87-0783822</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 *[Signature]* DATE **4/27/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GROSHELL, HOWARD J 2236 PARK STREET JACKSONVILLE, FL 32204</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* DATE **4/27/07** DAYTIME PHONE # **904-389-0347**

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