

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000116668

Entity Name: AQUA SPA, LLC

FILED
Nov 13, 2007
Secretary of State

Current Principal Place of Business:

140 ISLAND WAY
SUITE 183
CLEARWATER BEACH, FL 33767 US

New Principal Place of Business:

Current Mailing Address:

140 ISLAND WAY
SUITE 183
CLEARWATER BEACH, FL 33767 US

New Mailing Address:

FEI Number: 20-5989051 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: DEBBIE SKIPPER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WOJCHICK, MICHAEL
Address: 140 ISLAND WAY, SUITE 183
City-St-Zip: CLEARWATER, FL 33767 US

Title: MGRM () Delete
Name: JONES, VALERIE
Address: 140 ISLAND WAY, SUITE 183
City-St-Zip: CLEARWATER, FL 33767 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: SMELTZ, VALERIE
Address: 140 ISLAND WAY, SUITE 183
City-St-Zip: CLEARWATER, FL 33767 US

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: MICHAEL WOJCHICK

MGRM

11/13/2007

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