

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000022523

FILED
Apr 23, 2008
Secretary of State

Entity Name: FALLING WATER WELLNESS SPA, LLC

Current Principal Place of Business:

244 S.W. RANGE AVENUE
MADISON, FL 32340

New Principal Place of Business:

Current Mailing Address:

244 S.W. RANGE AVENUE
MADISON, FL 32340

New Mailing Address:

FEI Number: 20-8040937

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVENPORT, FRANCES R
244 S.W. RANGE AVENUE
MADISON, FL 32340 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 () Delete
Name: DAVENPORT, FRANCES R
Address: 244 S.W. RANGE AVENUE
City-St-Zip: MADISON, FL 32340

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: FRANCES R DAVENPORT

OWNE

04/23/2008

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