2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State
04-25-2008 90026 043 ***138.75

DOCUMENT # L07000028037

1. Entity Name
NATURAL IMAGE SPA & STUDIO LLC

Principal Place of Business	Mailing Address
1300 S. LK. HOWARD DRIVE APT 202 WINTER HAVEN, FL 33880 US	1300 S. LK. HOWARD DRIVE APT 202 WINTER HAVEN, FL 33880 US
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04222008 Chg-LLC CR2E083 (12/06)

4. FEI Number 45-0553394 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HILL, BETTE
2375 GERBER DAIRY ROAD
WINTER HAVEN, FL 33880

7. Name and Address of New Registered Agent

Name Betty H. Hill
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Betty H. Hill Betty H. Hill 4-22-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9.	MANAGING MEMBERS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOWARD, INAS 1300 S. LK. HOWARD DRIVE, APT 202 WINTER HAVEN, FL 33880 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Inas M. Howard Inas M. Howard 4-22-08 863-294-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #