2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2008
Secretary of State

DOCUMENT# L07000049740

Entity Name: SA DAVIE, LLC

Current Principal Place of Business:

5870 S. UNIVERSITY DRIVE
BAY 104
DAVIE, FL 33328

New Principal Place of Business:

Current Mailing Address:

5870 S. UNIVERSITY DRIVE
BAY 104
DAVIE, FL 33328

New Mailing Address:

848 BRICKELL AVENUE
601
MIAMI, FL 33131

FEI Number: 26-0197356 **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:

MERKIN, STEWART A
444 BRICKELL AVE. STE 300
MIAMI, FL 33131 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: MGR ( ) Delete
Name: SIMPLE AESTHETICS, L, LC
Address: 5201 BLUE LAGOON DR. 8TH FLOOR STE 859
City-St-Zip: MIAMI, FL 33126

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: COO ( ) Change (X) Addition
Name: MICHAEL, HINES
Address: 848 BRICKELL AVE, SUITE 601
City-St-Zip: MIAMI, FL 33131

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 HINES COO 05/06/2008

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