

DOCUMENT # L07000058622

1. Enuty Name STOCK ISLAND FADES AND SPA, LLC



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Principal Plac	e of Busines	S	Mailing Address					SECKETA	KYUL	ADIDA		
B-2 8TH AVE			B-2 8TH AVENUE				SECRETARY OF STATE TALLAHASSEE. FLORIDA					
KEY WEST, F			KEY WEST, FL 33040									
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2. Principal Place of Business - No P.O. Box #			3. Mailing Address					1 8 8 1 8 8 8 8 8 8 8 8	 			
50803rd Ave			Builto Apt # oto									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				12292008	REIN-LLC	CR2E	101 (1/07)		
City & State			City & State			- 1	4. FEI Nაუb	er _		Ar	oplied For	
Keen West FZ			Keywest				26				ot Applicable	
Zip	1000.	Country	Zip	Coun	ntry					\$5.00 Add		
32040 US			33540 USA				5. Certificate of Status Desired Fee Required					
GName and Address of Current							7. Name and Address of New Registered Agent					
					*Name							
DAVILA, C				Stroot Address			(D.O. Day Mysekas is Net Associable)					
2505 FLAC KEY WES			Street Ac			301855 (F.1	ddress (P.O. Box Number is Not Acceptable)					
KET WES	1, FL 330	40										
										7:0:0		
				City					FL	Zip Cod	е	
			or the purpose of changing its	register	ed office or	registered	agent, or bo	th, in the State of Fl	orida. I am	familiar with,	and accept	
the obligat	tions of regist	ered agent.										
SIGNATURE								•				
0.2.0.1.0.1.2	Signature, typed	or printed name of registered agen	and title if applicable (NOTI	E: Register	ed Agent signat	ture required	when reinstating))	DATE			
				s. 607.193(2)(b), F.S., ti			limited	Mak	e check p	ayable to		
			Liability company did	not roc	calva tha n			Florid	2 Danarin	ant of State		
		, Fee will be \$277.50	liability company did	not red	ceive the p			Florid	a Departm	ent of State	e	
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After Janua 9.			ERS/MANAGERS	10.			e,	ADDITIONS	/CHANGES	Change	☐ Addition	
After Janu	MGR	, Fee will be \$277.50			E		e,	ADDITIONS	/CHANGES	Change	☐ Addition	
9.	MGR	MANAGING MEMB ANOS, ERIC G	ERS/MANAGERS	10. TITLE	E		e,	ADDITIONS	/CHANGES	Change	☐ Addition	
9. TITLE NAME	MGR CASTELL B-2 8TH A	MANAGING MEMB ANOS, ERIC G	ERS/MANAGERS	10. TITLE NAM SIRE	E E		e,		/CHANGES	Change	☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE