

FILED
Jul 07, 2008 8:00 am
Secretary of State

07-07-2008 90072 043 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L07000122201			
1. Entity Name REMEMBER SPA AND WELLNESS CENTER LLC			
Principal Place of Business 2711 N HALIFAX AVE. UNIT#179 DAYTONA BEACH, FL 32118 US		Mailing Address 2711 N HALIFAX AVE. UNIT#179 DAYTONA BEACH, FL 32118 US	
2. Principal Place of Business - No P.O. Box # 2627 N. Atlantic Ave		3. Mailing Address 2711 N. Halifax ave.	
Suite, Apt. #, etc. Beclair Plaza		Suite, Apt. #, etc. Unit # 179	
City & State Daytona Beach, FL		City & State Daytona Beach, FL	
Zip 32118		Zip 32118	
Country US		Country US	
4. FEI Number 37-1558539		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AVDZHIEVA, ROSITSA R 2711 N HALIFAX AVE. UNIT#179 DAYTONA BEACH, FL 32118		7. Name and Address of New Registered Agent Name 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AVDZHIEVA, ROSITSA R 2711 N HALIFAX AVE. UNIT#179 DAYTONA BEACH, FL 32118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		07-05-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	