# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 23, 2009**
**Secretary of State**

DOCUMENT# L07000122793

**Entity Name:** SPA NENES L.L.C.

**Current Principal Place of Business:**

8544 SANCHEZ RD.
JACKSONVILLE, FL 322174722

**New Principal Place of Business:**

13820 OLD ST. AUGUSTINE RD.
#113-106
JACKSONVILLE, FL 32258

**Current Mailing Address:**

8544 SANCHEZ RD.
JACKSONVILLE, FL 322174722

**New Mailing Address:**

13820 OLD ST. AUGUSTINE RD.
#113-106
JACKSONVILLE, FL 32258

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SIMONS, MARIA C
8544 SANCHEZ RD.
JACKSONVILLE, FL 322174722 US

**Name and Address of New Registered Agent:**

SIMONS, MARIA C
13820 OLD ST. AUGUSTINE RD.
#113-106
JACKSONVILLE, FL 32258 US

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: MARIA C SIMONS 04/23/2009
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete
Name: SIMONS, MARIA C
Address: 8544 SANCHEZ RD.
City-St-Zip: JACKSONVILLE, FL 322174722

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition
Name: SIMONS, MARIA C
Address: 13820 OLD ST. AUGUSTINE RD. #113-106
City-St-Zip: JACKSONVILLE, FL 32258

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: MARIA C SIMONS MGR 04/23/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date