2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Jun 18, 2008 8:00 am
Secretary of State
05-21-2008 90206 034 ***138.75

DOCUMENT # L07000124904

1. Entity Name

REFLEXIONS WELLNESS CENTER AND DAY SPA, L.L.C.

Principal Place of Business	Mailing Address
7416 STATE ROAD 21 NORTH KEYSTONE HEIGHTS FL 32656 Incorrect address	7212 LAZY BONE ROAD KEYSTONE HEIGHTS FL 32656

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
7412 SR 21 N.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Keystone FL		City & State	
Zip: 32656	Country	Zip	Country

4. FEI Number: Waiting to receive ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILKINSON, JULIANNA M
7212 LAZY BONE ROAD
KEYSTONE HEIGHTS FL 32656

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 [signature] 6/16/08

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	MGR WILKINSON, JULIANNA M 7212 LAZY BONE ROAD KEYSTONE HEIGHTS FL 32656	☐ 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 Section 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] 6/16/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #