

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000017769

Entity Name: SPA GODDESS, LLC.

**FILED**  
**Apr 27, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

9400 GLADIOLUS DR.  
SUITE 108  
FT. MYERS, FL 33908 US

**Current Mailing Address:**

939 BEACH RD  
SANIBEL, FL 33957 US

FEI Number: 26-1996164

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ELONEN, EMILY  
939 BEACH RD  
SANIBEL, FL 33957 US

**New Principal Place of Business:**

9299 COLLEGE PKWY  
#7  
FT. MYERS, FL 33919 US

**New Mailing Address:**

2271 FIRST ST.  
#3  
FT. MYERS, FL 33901 US

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

ELONEN, EMILY  
2271 FIRST ST.  
#3  
FT. MYERS, FL 33901 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/27/2009

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ELONEN, EMILY  
Address: 939 BEACH RD  
City-St-Zip: SANIBEL, FL 33957 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ELONEN, EMILY  
Address: 2271 FIRST ST. #3  
City-St-Zip: FT. MYERS, FL 33901 US

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: EMILY ELONEN

MGR

04/27/2009

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