

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000039538

FILED  
Jul 20, 2009  
Secretary of State

**Entity Name:** AWESOME AURA MASSAGE & SKIN CARE, LLC

**Current Principal Place of Business:**

2200 TAYLOR STREET 103  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

38 SOUTH FEDERAL HIGHWAY  
SUITE 5  
DANIA BEACH, FL 33004

**Current Mailing Address:**

38 S FEDERAL HIGHWAY  
DANIA BEACH, FL 33004

**New Mailing Address:**

38 SOUTH FEDERAL HIGHWAY  
SUITE 5  
DANIA BEACH, FL 33004

FEI Number: 36-4631394      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

MARTIN, SCOTT  
2200 TAYLOR STREET 103  
HOLLYWOOD, FL 33020      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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: LOVELL, EMILY  
Address: 38 S. FEDERAL HIGHWAY, 5  
City-St-Zip: DANIA BEACH, FL 33004

Title: MGRM      ( ) Delete  
Name: MARTIN, SCOTT  
Address: 38 S. FEDERAL HIGHWAY, 5  
City-St-Zip: DANIA BEACH, FL 33004

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 LOVELL

MGMR

07/20/2009

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