

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000088720

Entity Name: ILLUSIONS SPA, LLC

FILED  
Oct 09, 2009  
Secretary of State

**Current Principal Place of Business:**

150 US HIGHWAY ONE  
TEQUESTA, FL 33469 US

**New Principal Place of Business:**

**Current Mailing Address:**

150 US 1  
TEQUESTA, FL 33469 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

THEN, CONNIE  
5856 NW LEGHORN AVE  
PORT SAINT LUCIE, FL 34986 US

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

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: THEN, CONNIE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: THEN, CONNIE  
Address: 5856 NW LEGHORN AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

Title: MGR ( ) Delete  
Name: THEN, KARL  
Address: 5856 NW LEGHORN AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

**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: THEN, KARL

MGR

10/09/2009

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