

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000098269

FILED
Jan 16, 2009
Secretary of State

Entity Name: ALLURE HEALTH & WELLNESS CENTER LLC

Current Principal Place of Business:

3650 DRANE FIELD ROAD
LAKELAND, FL 33811 US

New Principal Place of Business:

5668 SOUTH FLORIDA AVENUE
LAKELAND, FL 33813 US

Current Mailing Address:

3650 DRANE FIELD ROAD
LAKELAND, FL 33811 US

New Mailing Address:

FEI Number: 26-3866694 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, RICARDO
3650 DRANE FIELD ROAD
LAKELAND, FL 33811 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GARCIA, RICARDO
Address: 3650 DRANE FIELD ROAD
City-St-Zip: LAKELAND, FL 33811 US

Title: MGRM () Delete
Name: GARCIA, LISA
Address: 3650 DRANE FIELD ROAD
City-St-Zip: LAKELAND, FL 33811 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: GARCIA, LISA H
Address: 3650 DRANE FIELD ROAD
City-St-Zip: LAKELAND, FL 33811 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: RICARDO GARCIA

MGRM

01/16/2009

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