

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000020692

**FILED**  
**Mar 01, 2010**  
**Secretary of State**

**Entity Name:** SERENDIPITY FACIAL SPA, LLC

**Current Principal Place of Business:**

142 E. GRANADA BLVD.  
207  
ORMOND BEACH, FL 32176

**New Principal Place of Business:**

**Current Mailing Address:**

142 E. GRANADA BLVD.  
SUITE 207  
ORMOND BEACH, FL 32176

**New Mailing Address:**

26 STALLION WAY  
ORMOND BEACH, FL 32174

**FEI Number:** 37-1580339

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COMBS, AMY L  
142 E. GRANADA BLVD.  
SUITE 207  
ORMOND BEACH, FL 32176 US

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

COMBS, AMY L  
26 STALLION WAY  
ORMOND BEACH, FL 32174 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: AMY L. COMBS

03/01/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: COMBS, AMY L  
Address: 26 STALLION WAY  
City-St-Zip: ORMOND BEACH, FL 32174 US

I hereby 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: AMY L. COMBS

MGR

03/01/2010

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