

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000095215

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** ETERNAL YOUTH HEALTH SPA, LLC

**Current Principal Place of Business:**

729 N. THORNTON AVE.  
ORLANDO, FL 32803

**New Principal Place of Business:**

130 E. ALTAMONTE DRIVE  
SUITE 2000  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

300 SUN OAKS CT.  
LAKE MARY, FL 32746

**New Mailing Address:**

**FEI Number:** 27-1197806

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THIBODEAU, DAWN  
300 SUN OAKS CT.  
LAKE MARY, FL 32746 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: MGR  
Name: THIBODEAU, DAWN  
Address: 300 SUN OAKS CT.  
City-St-Zip: LAKE MARY, FL 32746

Title: MGR  
Name: SELLARS, MARIA  
Address: 514 NANTUCKET CT. #302  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: DAWN M THIBODEAU

MGR

02/16/2010

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