

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000124971

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** BELLA VIDA DAY SPA LLC

**Current Principal Place of Business:**

111 BOND ST  
CLEWISTON, FL 33440

**New Principal Place of Business:**

**Current Mailing Address:**

111 BOND ST  
CLEWISTON, FL 33440

**New Mailing Address:**

**FEI Number:** 36-4711565

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

EDWARDS, CAMERON  
908 POPASH CIRCLE  
CLEWISTON, FL 33440 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:** EDWARDS, CAMERON  
**Address:** 908 POPASH CIRCLE  
**City-St-Zip:** CLEWISTON, FL 33440

**Title:** MGR  
**Name:** MOSS, ABELINA  
**Address:** 250 E CIRCLE DR  
**City-St-Zip:** CLEWISTON, FL 33440

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:** CAMERON EDWARDS

AES

05/01/2012

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