

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000033516

**Entity Name:** MIDTOWN SPA, LLC

**Current Principal Place of Business:**

1240 THOMASVILLE RD  
SUITE 201  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

4647 OLD MAGNOLIA RD  
TALLAHASSEE, FL 32309

**FEI Number: 80-0384188**

**Certificate of Status Desired:** No

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

DELEDDA, KIMBERLY R  
4647 OLD MAGNOLIA RD  
TALLAHASSEE, FL 32309 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGRM  
Name DELEDDA, KIMBERLY R  
Address 4647 OLD MAGNOLIA RD  
City-State-Zip: TALLAHASSEE FL 32309

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: KIMBERLY R DELEDDA**

**MGMBR**

**04/01/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date