

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000193328

**Entity Name:** BELLAGIO DAY SPA LLC

**Current Principal Place of Business:**

5010 BAYOU BLVD  
STE. 103  
PENSACOLA, FL 32503

**Current Mailing Address:**

5010 BAYOU BLVD  
STE. 103  
PENSACOLA, FL 32503 US

**FEI Number:** 47-2719141

**Certificate of Status Desired:** No

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

TRAN, CHAU H  
5010 BAYOU BLVD  
STE. 103  
PENSACOLA, FL 32503 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 AMBR  
Name TRAN, CHAU H  
Address 7228 RAMPART WAY  
City-State-Zip: PENSACOLA FL 32505

Title MGR  
Name TRAN, CONG  
Address 6790 RICKWOOD DRIVE  
City-State-Zip: PENSACOLA FL 32526

Title MGR  
Name HUYNH, CHOI  
Address 5103 ZACHARY BLVD  
City-State-Zip: PENSACOLA FL 32526

Title MGR  
Name TRAN, PHI  
Address 6790 RICKWOOD DRIVE  
City-State-Zip: PENSACOLA FL 32526

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHAUTRAN

**OWNER**

**01/26/2022**

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

\_\_\_\_\_  
Date