

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000009984

1. Entity Name
GOLDEN GLOW TAN, L.C.



APPROVED
AND
FILED

APR 13 PM 4:40

Principal Place of Business
2199 PONCE DE LEON BOULEVARD
SUITE 301
CORAL GABLES, FL 33134 US

Mailing Address
2199 PONCE DE LEON BOULEVARD
SUITE 301
CORAL GABLES, FL 33134 US

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03132006 Chg-LLC CR2E083 (11/05)

4. FEI Number
56-2336604

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEWART AGENT SERVICES
2199 PONCE DE LEON BOULEVARD
SUITE 2199 - MERRICK PLAZA
CORAL GABLES, FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BLEY, CATHERINE
2199 PONCE DE LEON BOULEVARD, SUITE 301
CORAL GABLES, FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
STINSON, LOUIS JR
2199 PONCE DE LEON BOULEVARD, SUITE 301
CORAL GABLES, FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

[Handwritten signature] 35-444-8807