

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

NAME CHANGE APPROVED AND FILED

04 APR 12 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L03000045883

1. Entity Name  
ENDLESS SUMMER TATTOO L.L.C.

AMENDMENT



Principal Place of Business  
6831 N.W. 34TH AVE.  
FT. LAUDERDALE, FL 33309

Mailing Address  
6831 N.W. 34TH AVE.  
FT. LAUDERDALE, FL 33309

2. Principal Place of Business  
201 N. ATLANTIC AVE.

3. Mailing Address  
201 N. ATLANTIC AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
COCOA BEACH

City & State  
COCOA BEACH, FL

Zip  
32931

Zip  
32931

Country  
USA

Country  
USA



04072004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

LONGENCKER, MARK  
6831 N.W. 34TH AVE.  
FT. LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

Name  
MARK @ ENDLESS SUMMER TATTOO  
Street Address (P.O. Box Number is Not Acceptable)  
210 N. ATLANTIC AVE.  
City  
COCOA BEACH FL Zip Code  
32931

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 MARK LONGENECKER  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  
DATE 4.7.04

Filing Fee is \$50.00  
Due by May 1, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LONGENECKER, MARK J 6831 N.W. 34TH AVE. FT. LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LONGENECKER, MARK J. 210 N. ATLANTIC AVE. COCOA BEACH, FL 32931	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200032495032 04/12/04--01104--028 **50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mark Longenecker  
Signature and typed or printed name of signing managing member, manager, or authorized representative  
Date 4.7.04 Daytime Phone # 954-249-7959