## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000056039

Entity Name: THE HOT SPOT TANNING, LLC

FILED May 07, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4515 BEE RIDGE ROAD SARASOTA, FL 34232

Current Mailing Address: New Mailing Address:

85 SUNCREST DRIVE 861 HARBOR HILL DR

SAFETY HARBOR, FL 34695 SAFETY HARBOR, FL 34695

FEI Number: 90-0183454 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

HOSTETTLER, ALISA M
85 SUNCREST DRIVE
HOSTETTLER, ALISA M
861 HARBOR HILL DR.

SAFETY HARBOR, FL 34695 US SAFETY HARBOR, FL 34695 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: ALISA HOSTETTLER 05/07/2006

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS:

 Title:
 MGR
 ( ) Delete

 Name:
 HOSTETTLER, ALISA M

 Address:
 85 SUNCREST DRIVE

City-St-Zip: SAFETY HARBOR, FL 34695

 Title:
 MGRM ( ) Delete

 Name:
 PARSONS, BRADLEY E

 Address:
 5125 HAWKINS RD.

 City-St-Zip:
 WILLIAMS, CA 95987

Title: MGRM () Delete
Name: PARSONS, MARCELIA M
Address: 5125 HAWKINS RD

Address: 5125 HAWKINS RD.
City-St-Zip: WILLIAMS, CA 95987

## ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition

Name: HOSTETTLER, ALISA M Address: 85 SUNCREST DRIVE City-St-Zip: SAFETY HARBOR, FL 34695

Title: MGRM (X) Change ( ) Addition

Name: PARSONS, BRADLEY E Address: 5125 HANKINS RD. City-St-Zip: WILLIAMS, CA 95987

Title: MGRM (X) Change ( ) Addition

Name: PARSONS, MARCELIA M Address: 5125 HANKINS RD. City-St-Zip: WILLIAMS, CA 95987

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: ALISA HOSTETTLER MGMR 05/07/2006