

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000042996

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Entity Name:** TINY BUBBLES EUROPEAN BATH SHOP, L.L.C.

**Current Principal Place of Business:**

264 N NOVA ROAD  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

142 N NOVA ROAD  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

444 SOUTH BEACH STREET  
ORMOND BEACH, FL 32174

**New Mailing Address:**

**FEI Number:** 20-2150756

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FAIN, PATRICIA C  
444 SOUTH BEACH STREET  
ORMOND BEACH, FL 32174 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: FAIN, PATRICIA C  
Address: 444 SOUTH BEACH STREET  
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR  
Name: FAIN, ANGELA P  
Address: 444 S BEACH STREET  
City-St-Zip: ORMOND BEACH, FL 32174

I hereby 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: PATRICIA C. FAIN

MGRM

04/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date