

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000054116

**FILED**  
**Apr 24, 2010**  
**Secretary of State**

**Entity Name:** HEAD 2 TOE TATTOO LLC

**Current Principal Place of Business:**

4586 GULF BREEZE PKWY  
GULF BREEZE, FL 32563

**New Principal Place of Business:**

**Current Mailing Address:**

4586 GULF BREEZE PKWY  
GULF BREEZE, FL 32563

**New Mailing Address:**

**FEI Number:** 20-1424192

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

FOLEY, WILLIAM R  
4586 GULF BREEZE PKWY  
GULF BREEZE, FL 32563 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:** FOLEY, WILLIAM R  
**Address:** 5852 CONGRESS ST.  
**City-St-Zip:** GULF BREEZE, FL 32563

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:** WILLIAM R FOLEY

MGRM

04/24/2010

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