


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90227 026 ****50.00

| | |
|--|---|
| DOCUMENT # L05000029660 |  |
| 1. Entity Name ISLAND TANNING SALON, LLC | |

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|---|---|
| Principal Place of Business 341 CENTRAL AVE SUITE D CLEWISTON FL 33440 US | Mailing Address 507 E OSCEOLA CLEWISTON FL 33440 US |
|---|---|



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|---|---|
| 2. Principal Place of Business 330 W. Sugarland Hwy | 3. Mailing Address Suite, Apt. #, etc. Suite 13 |
| Suite, Apt. #, etc. Suite 13 | Suite, Apt. #, etc. |
| City & State Clewiston FL | City & State |
| Zip 33440 | Country US |

1st MOORE

CR2E083 (10/05)

| | |
|---|---|
| 4. FEI Number 32-0144220 | Applied For <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | Not Applicable |
| 5.00 Additional Fee Required | |

| | |
|---|--|
| 6. Name and Address of Current Registered Agent VIDAL, DANALU 507 E OSCEOLA CLEWISTON FL 33440 | |
| 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR VIDAL, DANALU 507 E OSCEOLA CLEWISTON FL 33440 <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Danalu Vidal* **2-18-06 803-983-8882**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #