

FILED
Jun 29, 2006 8:00 am
Secretary of State

02-27-2006 90421 004 ****50.00

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000039180			
1. Entity Name SAFARI TANNING COMPANY, LLC			
Principal Place of Business 5939 GOLDEN OAKS LAKE NAPLES, FL 34119		Mailing Address 5939 GOLDEN OAKS LAKE NAPLES, FL 34119	
2. Principal Place of Business 11985 COLLIER BLVD SUITE #8 NAPLES, FL 34116		3. Mailing Address 11985 COLLIER BLVD, SUITE #8 NAPLES, FL 34116	
4. FEI Number 27-0121469		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MURRAY, PAUL A.P.A. 6557 NAPLES BLVD NAPLES, FL 34109			
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 _____ Signature, typed in person name of registered agent and title if applicable. (NONE: Registered Agent signature required when necessary)			
Filing Fee is \$50.00 Due by May 1, 2006		State check payable to Florida Department of State	
A. MANAGING MEMBERS/MANAGERS		B. ADDITIONS/CHANGES	
TITLE _____ NAME DEBORAH BOHAYCHYL STREET ADDRESS _____ CITY-STATE-ZIP _____		TITLE _____ NAME JESSICA BOHAYCHYL STREET ADDRESS 2736 ISLAND POND LANE CITY-STATE-ZIP NAPLES, FL 34119	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____		TITLE _____ NAME MICHAEL BOHAYCHYL STREET ADDRESS 2736 ISLAND POND LANE CITY-STATE-ZIP NAPLES, FL 34119	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Charles Bohaychyl III</u> 2/14/06 239-598-1635			

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01232006 Cng-LLC CR2E003 (11/05)

MANAGING
MEMBER (AB)
MANAGING
MEMBER (MB)