

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000039180

Entity Name: SAFARI TANNING COMPANY, LLC

FILED
May 05, 2007
Secretary of State

Current Principal Place of Business:

11985 COLLIER BLVD
SUITE #8
NAPLES, FL 34116

New Principal Place of Business:

Current Mailing Address:

11985 COLLIER BLVD
SUITE #8
NAPLES, FL 34116

New Mailing Address:

FEI Number: 27-0121469 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

MURRAY, PAUL A P.A.
6557 NAPLES BLVD
NAPLES, FL 34109 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 () Delete
Name: BOHAYCHYK, JESSICA
Address: 2736 ISLAND POND LANE
City-St-Zip: NAPLES, FL 34119

Title: MGRM () Delete
Name: BOHAYCHYK, MICHAEL
Address: 2736 ISLAND POND LANE
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BOHAYCHYK, JESSICA
Address: 7835 CLEMSON STREET #201
City-St-Zip: NAPLES, FL 34104

Title: MGRM (X) Change () Addition
Name: BOHAYCHYK, MICHAEL
Address: 7835 CLEMSON STREET #201
City-St-Zip: NAPLES, FL 34104

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL P. BOHAYCHYK

MGRM

05/05/2007

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