

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000039180

Entity Name: SAFARI TANNING COMPANY, LLC

FILED
Apr 29, 2008
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 ()

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:

BOHAYCHYK, MICHAEL P
11985 COLLIER BLVD
SUITE #8
NAPLES, FL 34116 US

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: MICHAEL P. BOHAYCHYK

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BOHAYCHYK, JESSICA A
Address: 11985 COLLIER BLVD., SUITE #8
City-St-Zip: NAPLES, FL 34116

Title: MGRM (X) Change () Addition
Name: BOHAYCHYK, MICHAEL P
Address: 11985 COLLIER BLVD., SUITE #8
City-St-Zip: NAPLES, FL 34116

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

04/29/2008

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