


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90036 013 \*\*\*\*50.00

**DOCUMENT # L05000065062**

1. Entity Name  
**NORTH SHORE TANNING, LLC**



Principal Place of Business  
**2655 MCCORMICK DRIVE  
 CLEARWATER, FL 33759**

Mailing Address  
**2655 MCCORMICK DRIVE  
 CLEARWATER, FL 33759**

2. Principal Place of Business  
**11925 Sheldon Rd.**

3. Mailing Address  
**9808 Patricia Dr**


Suite, Apt. #, etc.

City & State  
**Tampa, Florida**

City & State  
**New Port Richey, Florida**

Zip  
**33626 Hillsborough**

Zip  
**34655 Pasco**



01052006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**76-0795513**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**BUNDY, LINDSEY M  
 3945 MORNINGSIDE COURT, #85  
 PALM HARBOR, FL 34684**

7. Name and Address of New Registered Agent

Name  
**Lindsey M Bundy**

Street Address (P.O. Box Number is Not Acceptable)  
**9808 Patricia Dr**

City  
**New Port Richey**

FL Zip Code  
**34655**

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 Lindsey M Bundy, Co-Managing Member DATE 1/5/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2006**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUNDY, LINDSEY M 3945 MORNINGSIDE COURT, #85 CLEARWATER, FL 33759 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUNDY, ROBERT T 3945 MORNINGSIDE COURT, #85 CLEARWATER, FL 33759 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Lindsey M Bundy 9808 Patricia Dr New Port Richey, FL 34655 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Robert T Bundy 9808 Patricia Dr New Port Richey, FL 34655 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: Lindsey M Bundy DATE 1/5/06 DAYTIME PHONE # 727-204-5065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE