

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000081514

FILED
Apr 30, 2008
Secretary of State

Entity Name: ABSOLUTE TAN & SALON, LLC

Current Principal Place of Business:

6220 BERRYHILL RD
MILTON, FL 32570 FL

New Principal Place of Business:

Current Mailing Address:

6220 BERRYHILL RD
MILTON, FL 32570 FL

New Mailing Address:

FEI Number: 20-3282629

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEAUDRY, WANDA
6880 BEAUDRY LANE
MILTON, FL 32570 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: MGR () Delete
Name: BEAUDRY, WANDA
Address: 6880 BEAUDRY LANE
City-St-Zip: MILTON, FL 32570 FL

Title: MGRM () Delete
Name: BEAUDRY, JOE M
Address: 6880 BEAUDRY LANE
City-St-Zip: MILTON, FL 32570 US

Title: MGRM () Delete
Name: KING, MARTIN L JR
Address: 6166 JAYS WAY
City-St-Zip: MILTON, FL 32570 US

Title: MGRM () Delete
Name: KING, DEBRA D
Address: 6166 JAYS WAY
City-St-Zip: MILTON, FL 32570 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WANDA BEAUDRY

MGR

04/30/2008

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