

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jun 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000096923**

1. Entity Name  
**SUN PALACE TANNING, LLC**



Principal Place of Business  
**217 S FEDERAL HIGHWAY  
POMPAHO BEACH, FL 33062-5322 US**

Mailing Address  
**3091 NE 45TH ST  
FORT LAUDERDALE, FL 33308-5311**



05192008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3557672**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**POLYTARIDES, DEMETRA  
3091 NE 45TH ST  
FORT LAUDERDALE, FL 33308-5311**

**DO NOT WRITE  
IN THIS SPACE**

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

*Demetra Polytarides*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**5-19-2008**

DATE

**FILE NOW!!! FEE IS \$138.75  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
POLYTARIDES, DEMETRA  
3091NE 45TH STR  
FORT LAUDERDALE, FL 333085311**

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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1000000952415  
06/04/08-80079-011 138.75

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Demetra Polytarides*

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

**5-19-2008 (954) 788-6638**

Date

Daytime Phone #