

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

09-13-2006 90046 033 \*\*\*\*\*50.00  
L05000117674

FILED

06 OCT -5 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000117674

1. Entity Name  
CARRIBEAN TAN, LLC



Principal Place of Business  
719 NE HIGHWAY 19  
CRYSTAL RIVER, FL 34429

Mailing Address  
719 NE HIGHWAY 19  
CRYSTAL RIVER, FL 34429



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09082006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number  
59-3827209

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARBER, JULIE K  
719 NE HIGHWAY 19  
CRYSTAL, FL 34429

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

Filing Fee is \$50.00  
Due by September 15, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
BARBER, JULIE K  
719 NE HIGHWAY 19  
CRYSTAL RIVER, FL 34429

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
STATEMENT 2006

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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STREET ADDRESS  
CITY - ST - ZIP

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:

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

Date

Daytime Phone #

Julie K Barber

9-11-06