


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90481 021 ****50.00

DOCUMENT # L06000033989	
1. Entity Name JAMAKIN ME TAN SALON LLC	

Principal Place of Business 4850 MEADOW DRIVE SAINT CLOUD, FL 34772 US	Mailing Address 4850 MEADOW DRIVE SAINT CLOUD, FL 34772 US
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60022380



2. Principal Place of Business - No P.O. Box # 1933 S. Nungesser Rd Suite, Apt. #, etc.	3. Mailing Address 1933 S. Nungesser Rd Suite, Apt. #, etc.
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02132007 Chg-LLC CR2E083 (12/06)

City & State St. Cloud, FL	City & State St. Cloud, FL	4. FEI Number 20-4614431	Applied For <input type="checkbox"/> Not Applicable
Zip 34771 Country USA	Zip 34771 Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BURKHOLDER, JENNIFER L 4850 MEADOW DRIVE SAINT CLOUD, FL 34772	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 _____ DATE _____
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, 2007**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURKHOLDER, JENNIFER L 4850 MEADOW DR SAINT CLOUD, FL 34772 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURKHOLDER, JAY K III 4850 MEADOW DR SAINT CLOUD, FL 34772 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: Jennifer Bowen **2/13/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #