
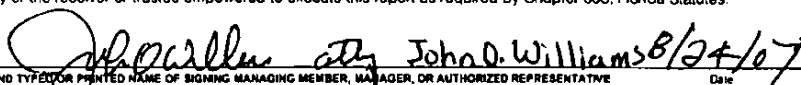


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8/27/2007-90122-038-\$50.00-\$50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED IN STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
07 OCT -5 AM 9:21

DOCUMENT # L06000073917			
1. Entity Name CAPITAL CITY TATTOOZ II, LLC		Principal Place of Business 458 WEST TENNESSEE STREET TALLAHASSEE, FL 32301	
Mailing Address 458 WEST TENNESSEE STREET TALLAHASSEE, FL 32301		2. Principal Place of Business - No P.O. Box #	
3. Mailing Address		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number 26-1126706		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, JOHN O 211 EAST VIRGINIA STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VEAZEY, DARREN 404 SHEPARD STREET TALLAHASSEE, FL 32303 <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	<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: 		Date: 8/24/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #: 850-224-450	

REINSTATEMENT 2007