

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000083320

Entity Name: SUBLIME TANNING, LLC

FILED  
Aug 05, 2009  
Secretary of State

**Current Principal Place of Business:**

5875 FOLKSTONE LANE  
ORLANDO, FL 32822

**New Principal Place of Business:**

2601 CURRY FORD RD  
ORLANDO, FL 32806

**Current Mailing Address:**

5875 FOLKSTONE LANE  
ORLANDO, FL 32822

**New Mailing Address:**

2601 CURRY FORD RD  
ORLANDO, FL 32806

FEI Number: 20-5249214      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

TILLMANN, JOHN P  
5875 FOLKSTONE LANE  
ORLANDO, FL 32822    US

**Name and Address of New Registered Agent:**

TILLMANN, JOHN P  
5880 FOLKSTONE LANE  
ORLANDO, FL 32822    US

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: JOHN P TILLMANN

08/05/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: TILLMANN, JOHN P  
Address: 5875 FOLKSTONE LANE  
City-St-Zip: ORLANDO, FL 32822

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: TILLMANN, JOHN P  
Address: 5880 FOLKSTONE LANE  
City-St-Zip: ORLANDO, FL 32822

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: JOHN P TILLMANN

MGRM

08/05/2009

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