

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000076361	
1. Entity Name A & G TANNING, LLC	



08 DEC -9 AM 8:30

TALLAHASSEE FLORIDA



11112008 REIN-LLC CR2E101 (1/07)

Principal Place of Business 9626 FOX HEARST RD TAMPA, FL 33642	Mailing Address 9626 FOX HEARST RD TAMPA, FL 33642
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2. Principal Place of Business - No P.O. Box # 11161 SR 70 E Suite, Apt. #, etc. #104	3. Mailing Address 11161 SR 70 E Suite, Apt. #, etc. #104
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City & State Bradenton, FL	City & State Bradenton, FL
Zip 34202	Zip 34202
Country Manatee	Country Manatee

4. FEI Number 26-0563465	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BLOOM, ANNA 9626 FOX HEARST RD TAMPA, FL 33642	
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7. Name and Address of New Registered Agent Name Anna Bloom Street Address (P.O. Box Number is Not Acceptable) 6051 Medici Court #310 City Lansette FL Zip Code 34243	
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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 Anna Bloom	DATE 11/11/08

FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLOOM, ANNA 9626 FOX HEARST RD TAMPA, FL 33642 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300138404643 12/03/08--01016--007 **143.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLOOM, GREGORY 9626 FOX HEARST RD TAMPA, FL 33642 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition L. SELLERS
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 DEC 10 2008
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 EXAMINER
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 REINSTATEMENT 2008
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.	
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SIGNATURE: Anna Bloom	DATE 11/11/08	Daytime Phone # 941-752-4772
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