

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000079867

FILED
Feb 17, 2009
Secretary of State

Entity Name: BEACHES TANNING SALON, L.L.C.

Current Principal Place of Business:

207 GULF BREEZE PKWY.
GULF BREEZE, FL 32561

New Principal Place of Business:

Current Mailing Address:

207 GULF BREEZE PKWY.
GULF BREEZE, FL 32561

New Mailing Address:

FEI Number: 74-3225090

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CRONIN, KATIE T
6 CALLE HERMOSA
PENSACOLA BEACH, FL 32561 US

Name and Address of New Registered Agent:

CRONIN, KATIE T
913 GULF BREEZE PARKWAY
SUITE 12
GULF BREEZE, FL 32561 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: KATIE T. CRONIN

02/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CRONIN, JASON P
Address: 6 CALLE HERMOSA
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: MGR () Delete
Name: CRONIN, KATIE T
Address: 6 CALLE HERMOSA
City-St-Zip: PENSACOLA BEACH, FL 32561

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CRONIN, JASON P
Address: 913 GULF BREEZE PARKWAY, SUITE 12
City-St-Zip: GULF BREEZE, FL 32561

Title: MGR (X) Change () Addition
Name: CRONIN, KATIE T
Address: 913 GULF BREEZE PARKWAY, SUITE 12
City-St-Zip: GULF BREEZE, FL 32561

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: KATIE T. CRONIN

MGR

02/17/2009

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