

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000074033

Entity Name: CHIC TANNING LLC

FILED
Apr 25, 2009
Secretary of State

Current Principal Place of Business:

4924 NW 143RD ST
GAINESVILLE, FL 32606

New Principal Place of Business:

3324 W. UNIVERSITY AVENUE
SUITE A
GAINESVILLE, FL 32607

Current Mailing Address:

4924 NW 143RD ST
GAINESVILLE, FL 32606

New Mailing Address:

3324 W. UNIVERSITY AVENUE
SUITE A
GAINESVILLE, FL 32607

FEI Number: 26-3099965

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATALINGHUG, REMEDIOS N
4924 NW 143RD ST
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PATALINGHUG, REMEDIOS N
Address: 4924 NW 143RD ST
City-St-Zip: GAINESVILLE, FL 32606 US

Title: MGR () Delete
Name: KASKESKI, ROSS B
Address: 4924 NW 143RD ST
City-St-Zip: GAINESVILLE, FL 32606 US

Title: MGRM (X) Delete
Name: SAPP, LUCY M
Address: 1300 SW 82ND DRIVE
City-St-Zip: GAINESVILLE, FL 32607 US

Title: MGRM (X) Delete
Name: MONTTOYA, MICHAEL J
Address: 4924 NW 143RD ST
City-St-Zip: GAINESVILLE, FL 32606 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: REMEDIOS N PATALINGHUG

MGR

04/25/2009

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