

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000026991

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Entity Name:** TODD LAKE TATTOO STUDIO, LLC

**Current Principal Place of Business:**

1949 UNIVERSITY BOULEVARD  
NORTH JACKSONVILLE, FL 32211 US

**New Principal Place of Business:**

**Current Mailing Address:**

1949 UNIVERSITY BOULEVARD  
NORTH JACKSONVILLE, FL 32211 US

**New Mailing Address:**

**FEI Number:** 80-0472080

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

N/A  
N/A  
N/A, FL N/A 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:** MGRM  
**Name:** LAKE, CHRISTINA E  
**Address:** 1949 UNIVERSITY BOULEVARD  
**City-St-Zip:** NORTH JACKSONVILLE, FL 32211 US

I hereby 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:** CHRISTINA E. LAKE

OWNE

01/10/2012

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