

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000055768

Entity Name: LEGENDARY TATTOOS LLC

**FILED**  
**Jun 18, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

42080 U.S. HWY 19 S  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

**Current Mailing Address:**

6725 RIVER RD  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

715 CAROLINA AVE.  
TARPON SPRINGS, FL 34698

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

TECKMAN, MITCH  
6725 RIVER RD  
NEW PORT RICHEY, FL 34652 US

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

TECKMAN, MITCH  
715 CAROLINA AVE.  
TARPON SPRINGS, FL 34698 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: MITCHELL TECKMAN

06/18/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: TECKMAN, MITCH  
Address: 715 CAROLINA AVE.  
City-St-Zip: TARPON SPRINGS, FL 34698

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: MITCHELL TECKMAN

MGRM

06/18/2010

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