

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000073950

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** GLIMMER MOBILE SPRAY TANS, LLC

**Current Principal Place of Business:**

478 E ALTAMONTE DR  
SUITE 108 #293  
ALTAMONTE SPRINGS, FL 32701 US

**New Principal Place of Business:**

**Current Mailing Address:**

478 E ALTAMONTE DR  
SUITE 108 #293  
ALTAMONTE SPRINGS, FL 32701 US

**New Mailing Address:**

**FEI Number:** 45-2617405      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

AMANDA, BENSON M  
375 EMERSON PLAZA  
UNIT 1111  
ALTAMONTE SPRINGS, FL 32701 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:** BENSON, AMANDA M  
**Address:** 375 EMERSON PLAZA UNIT 1111  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32701 US

**Title:** MGRM  
**Name:** BUCHAN, DIANA M  
**Address:** 816 FULLERS CROSS RD  
**City-St-Zip:** WINTER GARDEN, FL 34787 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:** AMANDA BENSON

MGR

04/30/2012

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