

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 25, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000019337

1. Entity Name
NAIL FEVER BY VO & THAI, LLC.



Principal Place of Business
8888 SW 136TH STREET
SUITE 105
MIAMI, FL 33176

Mailing Address
5085 BUFORD HWY
DORAVILLE, GA 30340



07022007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1084381

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VO, VAN T
9201 SW 170TH LANE
MIAMI, FL 33157

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 14, 2007

07/25/07-80006-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
VO, VAN T
9201 SW 170TH LANE
MIAMI, FL 33157

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
THAI, CHAU K
13456 SW 118 PASSAGE
MIAMI, FL 33186

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CHAU K. THAI

7/12/07

Date

(786) 293-9400

Daytime Phone #