

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060417

Entity Name: XTREME NAIL SPA, LLC

FILED
Feb 12, 2009
Secretary of State

Current Principal Place of Business:

1102 W. INDIANTOWN ROAD, SUITE 6
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

157 COVENTRY PLACE
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: 34-2015954

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GROOMS, DONNA
157 COVENTRY PLACE
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

GROOMS, JENNIFER
157 COVENTRY PLACE
PALM BEACH GARDENS, FL 33418 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: JENNIFER GROOMS

02/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GROOMS, DONNA
Address: 157 COVENTRY PLACE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGRM () Delete
Name: GROOMS, H. PAUL
Address: 157 COVENTRY PLACE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM () Change (X) Addition
Name: GROOMS, JENNIFER
Address: 157 COVENTRY PLACE
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: JENNIFER GROOMS

MGRM

02/12/2009

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