2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 22, 2009
Secretary of State

DOCUMENT# L06000066788

Entity Name: CITY NAILS OF FLORIDA, LLC

Current Principal Place of Business:

1400 VILLAGE SQUARE BLVD
SUITE 30
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

5085 BUFORD HWY
DORAVILLE, GA 30340

New Mailing Address:

C/O HIEU LE & ASSOCIATES
5085 BUFORD HWY
DORAVILLE, GA 30340

FEI Number: 20-5114523 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DANG, KIEN
1400 VILLAGE SQUARE BLVD
SUITE 30
TALLAHASSEE, FL 32312 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 ( ) Delete
Name: DANG, KIEN
Address: 1400 VILLAGE SQUARE BLVD SUITE 30
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM ( ) Delete
Name: VO, HONG T
Address: 1400 VILLAGE SQUARE BLVD SUITE 30
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES:

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

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

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: KIEN DANG MGRM 06/22/2009

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