

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000038757

**Entity Name:** LE SKIN CARE & NAIL SPA INC.

**Current Principal Place of Business:**

8221 SOUTHSIDE BLVD STE 19  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

8221 SOUTHSIDE BLVD STE 19  
JACKSONVILLE, FL 32256

**FEI Number:** 45-5141293

**Certificate of Status Desired:** No

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

LE, THU  
8221 SOUTHSIDE BLVD STE 19  
JACKSONVILLE, FL 32256 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PVP  
Name LE, THU  
Address 8221 SOUTHSIDE BLVD STE 19  
City-State-Zip: JACKSONVILLE FL 32256

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** THU LE

**PRES**

**02/16/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date