

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000024149

**Entity Name:** LACE NAIL SPA, LLC

**Current Principal Place of Business:**

1935 WEST AVE  
105  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

2600 SOUTH DOUGLAS ROAD  
1103  
CORAL GABLES, FL 33134 US

**FEI Number:** 41-2059348

**Certificate of Status Desired:** No

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

MARTINEZ, LUIS F  
2600 SOUTH DOUGLAS ROAD  
1103  
CORAL GABLES, FL 33134 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:** LUIS FELIPE MARTINEZ

02/28/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGING MEMBER  
Name           ISAZA, JOSEFINA  
Address        2600 SOUTH DOUGLAS ROAD  
                  1103  
City-State-Zip: CORAL GABLES FL 33134

Title           MANAGER  
Name           MARTINEZ, LUIS F  
Address        2600 SOUTH DOUGLAS ROAD  
                  SUITE 1103  
City-State-Zip: CORAL GABLES FL 33134

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOSEFINA ISAZA

MANAGING MEMBER

02/28/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date