

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000019337

**Entity Name:** NAIL FEVER BY VO & CHAU, LLC

**Current Principal Place of Business:**

8888 SW 136TH STREET  
SUITE 356  
MIAMI, FL 33176

**Current Mailing Address:**

% HIEU LE & ASSOCIATES, INC  
5085 BUFORD HWY  
DORAVILLE, GA 30340 US

**FEI Number:** 65-1084381

**Certificate of Status Desired:** No

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

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

**Authorized Person(s) Detail :**

Title MGRM  
Name VO, VAN T  
Address 9201 SW 170TH LANE  
City-State-Zip: MIAMI FL 33157

Title MGRM  
Name THAO THI NGUYEN CHAU  
Address 15389 S. DIXIE HWY APT 26  
City-State-Zip: MIAMI FL 33157

*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:** VAN VO

**MEMBER**

**04/11/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date