

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000069972

**FILED**  
**Apr 12, 2016**  
**Secretary of State**  
**CC7045751724**

**Entity Name:** LE NAILS & SPA ELITE LLC

**Current Principal Place of Business:**

3280 TAMIAMI TRAIL STE 37  
PORT CHARLOTTE, FL 33952

**Current Mailing Address:**

3280 TAMIAMI TRAIL STE 37  
PORT CHARLOTTE, FL 33952 US

**FEI Number:** 26-0563407

**Certificate of Status Desired:** No

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

OMNI TAX & BUSINESS SERVICES LLC  
4055 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33952 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 NGUYEN, MIKE  
Address 1231 TYRONE ST.  
City-State-Zip: PORT CHARLOTTE FL 33952

Title MGRM  
Name NGUYEN, MARY  
Address 1231 TYRONE ST  
City-State-Zip: PORT CHARLOTTE FL 33952

Title MGR  
Name NGUYEN, BAO NGOC  
Address 1231 TYRONE ST  
City-State-Zip: PORT CHARLOTTE FL 33952

*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:** MIKE NGUYEN

**MANAGING MEMBER**

**04/12/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date