

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000060286

Entity Name: ESCAPE NAIL SPA BY ANH, LLC

Current Principal Place of Business:

4331 AIDAN LN
NORTH PORT, FL 34287

Current Mailing Address:

4331 AIDAN LN
NORTH PORT, FL 34287

FEI Number: 26-2839220

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NGUYEN, TONG
17247 TAMiami TRAIL
NORTH PORT, FL 34287 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, TONG
Address 14499 KEENE AVE
City-State-Zip: PORT CHARLOTTE FL 33953

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: TONG NGUYEN

MGRM

02/21/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date