

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000127549

Entity Name: TROPICAL MANICURES OF THE FLORIDA KEYS LLC

Current Principal Place of Business:

30563 19TH STREET
BIG PINE KEY, FL 33043

Current Mailing Address:

30563 19TH STREET
BIG PINE KEY, FL 33043

FEI Number: 65-1066583

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARSENAULT, CHRISTOPHER
30563 19TH STREET
BIG PINE KEY, FL 33043 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 ARSENAULT, CHRISTOPHER
Address 30563 19TH STREET
City-State-Zip: BIG PINE KEY FL 33043

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: CHRISTOPHER ARSENAULT

PRESIDENT

04/29/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date