

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90078 019 *****55.00

DOCUMENT # L03000042175

1. Entity Name

NAILSMAX LLC



Principal Place of Business

3755 MILITARY TRAIL
B-8
JUPITER FL 33458

Mailing Address

3755 MILITARY TRAIL
B-8
JUPITER FL 33458

2. Principal Place of Business

3755 MILITARY TRAIL

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
B-8

City & State

JUPITER FLORIDA

City & State

Zip

Country

Zip
33458

Country
PALM BEACH

Zip

Country

4. FEI Number

20-1079514

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PHAM, CHAU
3755 MILITARY TRAIL
SUITE B-8
WEST PALM BEACH FL 33458

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PHAM, CHAU
3755 MILITARY TRAIL, SUITE B-8
WEST PALM BEACH FL 33458

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

01/31/05

(561) 741-4044