

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000019337

**FILED**  
**Apr 01, 2010**  
**Secretary of State**

**Entity Name:** NAIL FEVER BY VO & THAI, LLC.

**Current Principal Place of Business:**

8888 SW 136TH STREET  
SUITE 105  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

5085 BUFORD HWY  
DORAVILLE, GA 30340

**New Mailing Address:**

**FEI Number:** 65-1084381

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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

**MANAGING MEMBERS/MANAGERS:**

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

Title: MGRM  
Name: THAI, CHAU K  
Address: 13456 SW 118 PASSAGE  
City-St-Zip: MIAMI, FL 33186

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: VAN T VO

MGRM

04/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date