2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000072606

1. Entity Name
THE NAIL SAFARI, LLC

Principal Place of Business	Mailing Address
6837 SR 54 NEW PORT RICHEY, FL 34655 US	6837 SR 54 NEW PORT RICHEY, FL 34655 US

DO NOT WRITE IN THIS SPACE

01302006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1943953
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BROOKS, SUSAN M
10328 RAINBOW OAKS DR
HUDSON, FL 34667

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	TROY, LYNN
STREET ADDRESS	12195 VILLA RD
CITY-ST-ZIP	SPRING HILL, FL 34609
TITLE	MGR
NAME	BROOKS, SUSAN
STREET ADDRESS	10328 RAINBOW OAKS DR
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	MGR
NAME	MORROW, BEVERLY
STREET ADDRESS	3308 RANKIN DR
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/12/06-80065-001 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Susan Brooks 1/30/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #