

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072606

Entity Name: THE NAIL SAFARI, LLC

FILED  
Mar 23, 2007  
Secretary of State

**Current Principal Place of Business:**

6837 SR 54  
NEW PORT RICHEY, FL 34655 US

**New Principal Place of Business:**

**Current Mailing Address:**

6837 SR 54  
NEW PORT RICHEY, FL 34655 US

**New Mailing Address:**

FEI Number: 20-1943953

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BROOKS, SUSAN M  
10328 RAINBOW OAKS DR  
HUDSON, FL 34667 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: MGR ( ) Delete  
Name: TROY, LYNN  
Address: 12195 VILLA RD  
City-St-Zip: SPRING HILL, FL 34609

Title: MGR ( ) Delete  
Name: BROOKS, SUSAN  
Address: 10328 RAINBOW OAKS DR  
City-St-Zip: HUDSON, FL 34667

Title: MGR ( ) Delete  
Name: MORROW, BEVERLY  
Address: 3308 RANKIN DR  
City-St-Zip: NEW PORT RICHEY, FL 34655

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: SUSAN M BROOKS

MGR

03/23/2007

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