

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000032727

Entity Name: LILY SPA NAILS, LLC

**FILED**  
**Mar 30, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

291 W. COCOA BEACH CSWY  
#291  
COCOA BEACH, FL 32931

**New Principal Place of Business:**

**Current Mailing Address:**

291 W. COCOA BEACH CSWY  
#291  
COCOA BEACH, FL 32931

**New Mailing Address:**

FEI Number: 52-2457223

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

NGUYEN, TRUC LY T  
291 W. COCOA BEACH CSWY  
COCOA BEACH, FL 32931 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: PHAM, DUNG N  
Address: 195 NEEDLE BLVD  
City-St-Zip: MERRITT ISLAND, FL 32953 US

**ADDITIONS/CHANGES:**

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: DUNG N PHAM

MGR

03/30/2006

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