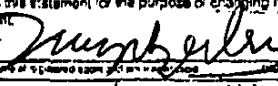


FILED
Jun 09, 2006 8:00 am
Secretary of State

05-01-2006 90074 008 ****50.00

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000068785			
1. Entity Name BELLA NAILS, LLC			
Principal Place of Business 7614 ST. STEPHENS COURT ORLANDO, FL 32835		Mailing Address 7614 ST. STEPHENS COURT ORLANDO, FL 32835	
2. Principal Place of Business		3. Mailing Address	
Succ. Apt. #, etc.		Succ. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FRI Number 20-3144538		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KOLTUN, JEFFREY M 557 NORTH WYMORE ROAD, SUITE 100 MAITLAND, FL 32751		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, from (number with) and accept the obligations of registered agent.			
SIGNATURE 		Date 04/27/06	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER: PRINCIPAL TUYET NGOC TRIGU 1311 VAN DYKE ROAD SAN MARINO, CA 91108	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER: MANAGER TUYET BUI 2457A KIWASSEE ROAD #304 ORLANDO FL 32835	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 provided 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 registered office or power of attorney in excess of this report as required by Chapter 603, Florida Statutes.			
SIGNATURE: 		Date 04/27/06	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGER, MEMBER, BOARDER, OR AUTHORIZED REPRESENTATIVE		Date	

ATTACHMENT

38610021

June 5, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations
P. O. Box 6478
Tallahassee, Florida 32314

Re: BELLA NAILS, LLC
L05000068785

Attached is our corrected annual report per your request.

Please reprocess it. Thank you very much.

Sincerely,

A handwritten signature in black ink, appearing to read 'Tuyet Trieu', with a long horizontal flourish extending to the right.

Tuyet Trieu