

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000068785

Entity Name: BELLA NAILS, LLC

FILED
May 06, 2008
Secretary of State

Current Principal Place of Business:

7614 ST. STEPHENS COURT
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

7614 ST. STEPHENS COURT
ORLANDO, FL 32835

New Mailing Address:

7614 ST. STEPHENS COURT
ORLANDO, FL 32835

FEI Number: 20-3144538 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KOLTUN, JEFFREY M
557 NORTH WYMORE ROAD, SUITE 100
MAITLAND, FL 32751 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: P () Delete
Name: TUYET, NGOC T
Address: 1311 VAN DYKE RD
City-St-Zip: SAN MARINO, CA 91108

Title: MGRM () Delete
Name: TUYET, BUI
Address: 2457 A HIAWASSEE RD SUITE 304
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES:

Title: MANA (X) Change () Addition
Name: TRIEU, TUYET N
Address: 1311 VAN DYKE RD
City-St-Zip: SAN MARINO, CA 91108

Title: MEMB (X) Change () Addition
Name: BUI, TUYET
Address: 2457 A HIAWASSEE RD SUITE 304
City-St-Zip: ORLANDO, FL 32835

I hereby certify that the information supplied with this filing does not qualify 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: TRIEU, TUYET N.

MANA

05/06/2008

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