

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000088621

FILED  
Mar 05, 2009  
Secretary of State

Entity Name: NAIL FEVER II, LLC

## Current Principal Place of Business:

12167 SW 152ND ST.  
MIAMI, FL 33186 US

## New Principal Place of Business:

12167 SW 152ND ST.  
MIAMI, FL 33177 US

## Current Mailing Address:

13456 SW 118 PASSAGE  
MIAMI, FL 33186

## New Mailing Address:

FEI Number: 20-4230536

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHAU, VIET LQ  
13456 SW 118 PASSAGE  
MIAMI, FL 33186 US

## Name and Address of New Registered Agent:

CHAU, VIET L MANAGER  
13456 SW 118 PASSAGE  
MIAMI, FL 33186 US

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: VIETCHAU

03/05/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: THAI, CHAU K  
Address: 13456 SW 118 PASSAGE  
City-St-Zip: MIAMI, FL 33186 US

Title: MGRM ( ) Delete  
Name: CHAU, VIET LAP QVOC  
Address: 13456 SW 118 PASSAGE  
City-St-Zip: MIAMI, FL 33186

## ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition  
Name: CHAU, VIET LAP QUOC  
Address: 13456 SW 118 PASSAGE  
City-St-Zip: MIAMI, FL 33186

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: CHAU THAI

MANA

03/05/2009

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