

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000014273

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Entity Name:** NAILS SHOP, LLC

**Current Principal Place of Business:**

8841 COLLEGE PARKWAY  
SUITE 104  
FORT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

C/O HIEU LE & ASSOCIATES, INC.  
5085 BUFORD HWY NE  
DORAVILLE, GA 30340 11

**New Mailing Address:**

**FEI Number:** 20-4270584

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MAI, PHUNG Q  
8841 COLLEGE PARKWAY  
SUITE 104  
FORT MYERS, FL 33919 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:** MGRM  
**Name:** DUONG, HONGLOAN T  
**Address:** 8841 COLLEGE PKWY., SUITE 104  
**City-St-Zip:** FORT MYERS, FL 33919

**Title:** MGRM  
**Name:** MAI, PHUNG Q  
**Address:** 8841 COLLEGE PKWY., SUITE 104  
**City-St-Zip:** FORT MYERS, FL 33919

I hereby 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:** PHUNG Q MAI

MGRM

04/06/2011

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