

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000034908

FILED
May 04, 2009
Secretary of State

Entity Name: T.K. NAILS OF NAPLES, LLC

Current Principal Place of Business:

2314 PINE RIDGE RD
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

2314 PINE RIDGE RD
NAPLES, FL 34109

New Mailing Address:

FEI Number: 20-4983490 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

TRANG, BRIAN
4945 10TH AVE SW
NAPLES, FL 34116 US

Name and Address of New Registered Agent:

TRANG, BRIAN T OWNER
4871 10TH AVE SW
NAPLES, FL 34116 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: BRIAN TRANG

05/04/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TRANG, BRIAN
Address: 4871 BOXWOOD WAY
City-St-Zip: NAPLES, FL 34116

Title: MGRM () Delete
Name: TRANG, TONYA
Address: 4871 BOXWOOD WAY
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TRANG, BRIAN T OWNER
Address: 4871 BOXWOOD WAY
City-St-Zip: NAPLES, FL 34116

Title: MGRM (X) Change () Addition
Name: TRANG, TONYA OWNER
Address: 4871 BOXWOOD WAY
City-St-Zip: NAPLES, FL 34116

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: BRIAN TRANG

MGR

05/04/2009

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