

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000034946

Entity Name: NAILS PRO, LLC

FILED
Apr 27, 2007
Secretary of State

Current Principal Place of Business:

14623 MILLHOPPER ROAD
JACKSONVILLE, FL 32258

New Principal Place of Business:

13500-28 BEACH BOULEVARD
JACKSONVILLE, FL 32246

Current Mailing Address:

14623 MILLHOPPER ROAD
JACKSONVILLE, FL 32258

New Mailing Address:

14634 FALLING WATERS DR
JACKSONVILLE, FL 32258

FEI Number: 56-2574586

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NGUYEN, MINH-TAM K
14623 MILLHOPPER ROAD
JACKSONVILLE, FL 32258 US

Name and Address of New Registered Agent:

NGUYEN, MINH-TAM K
14634 FALLING WATERS DR
JACKSONVILLE, FL 32258 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: MINH TAM K NGUYEN

04/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NGUYEN, MINH-TAM K
Address: 14623 MILLHOPPER ROAD
City-St-Zip: JACKSONVILLE, FL 32258

Title: MGR () Delete
Name: NGUYEN, THACH V
Address: 6370 LAKE PLANTATION DRIVE
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NGUYEN, MINH-TAM K
Address: 14634 FALLING WATERS DR
City-St-Zip: JACKSONVILLE, FL 32258

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

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: MINH TAM K NGUYEN

MGR

04/27/2007

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