

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000085517

Entity Name: F X NAILS AND TAN, LLC

FILED
Jun 16, 2009
Secretary of State

Current Principal Place of Business:

3920 DEAN RD., SUITE 200
ORLANDO, FL 32817

New Principal Place of Business:

Current Mailing Address:

3920 DEAN RD., SUITE 200
ORLANDO, FL 32817

New Mailing Address:

FEI Number: 14-1975164 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:

LE, TRUONG
5050 OAK TOURS DR.
ORLANDO, FL 32839 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 () Delete
Name: LE, PHAT
Address: 5050 OAK TOURS DR.
City-St-Zip: ORLANDO, FL 32839

Title: MGRM () Delete
Name: TRUONG, NGOC
Address: 10427 ANDOVER POINT CIRCLE
City-St-Zip: ORLANDO, FL 32825

Title: MGRM () Delete
Name: LE, TRUONG
Address: 5050 OAK TOURS DR.
City-St-Zip: ORLANDO, FL 32839

ADDITIONS/CHANGES:

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

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

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: PHAT LE

MGRM

06/16/2009

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