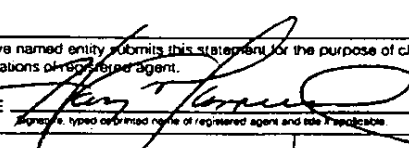
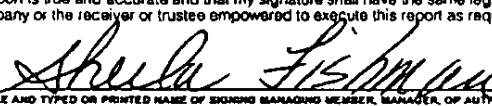


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

3. **FILED**
Apr 07, 2008 8:00 am
Secretary of State

03-10-2008 90339 006 ***138.75

DOCUMENT # L06000090192					
1. Entity Name JAZZY NAIL SPA, LLC					
Principal Place of Business 393 DAVINCI PASS POINCIANA, FL 34759			Mailing Address 393 DAVINCI PASS POINCIANA, FL 34759		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-5529061	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SAMUELS, HARRY M 2901 STIRLING ROAD SUITE 307 FT. LAUDERDALE, FL 33312				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of a registered agent.					
SIGNATURE  DATE 4/3/08					
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FISHMAN, ELLIOT		NAME		
STREET ADDRESS	393 DAVINCI PASS		STREET ADDRESS		
CITY-ST-ZIP	POINCIANA, FL 34759		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	MGR	☐ Change ☒ Addition
NAME			NAME	FISHMAN, SHEILA	
STREET ADDRESS			STREET ADDRESS	393 DAVINCI PASS	
CITY-ST-ZIP			CITY-ST-ZIP	POINCIANA, FL 34759	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  (813) 439-575					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

30003407



02072008 Chg-LLC CR2E083 (12/06)