

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000102458

Entity Name: PARADISE NAIL SPA "LLC"

FILED
Mar 18, 2008
Secretary of State

Current Principal Place of Business:

3257 N. FEDERAL HIGHWAY
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

3257 N. FEDERAL HIGHWAY
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 76-0839893

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOANG, THUY
2105 SPRING HARBOR DR
APT N
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

HOANG, THUY
1525 SPRING HARBOR DR
APT J
DELRAY BEACH, FL 33445 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:

03/18/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HOANG, THAO
Address: 2105 SPRING HARBOR DR APT N
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGRM () Delete
Name: HOANG, LINDA
Address: 2105 SPRING HARBOR DR APT N
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HOANG, THAO
Address: 1525 SPRING HARBOR DR APT J
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGRM (X) Change () Addition
Name: HOANG, LINDA
Address: 1525 SPRING HARBOR DR APT J
City-St-Zip: DELRAY BEACH, FL 33445 US

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: TIFFANY HOANG

MRS

03/18/2008

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