2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
May 19, 2008 8:00 am
Secretary of State
04-11-2008 90176 013 ***138.75

DOCUMENT # L07000002481

1. Entity Name
D.L. NAILS, LLC

Principal Place of Business	Mailing Address
1539 NW 119TH ST. MIAMI FL 33168	1539 NW 119TH ST. MIAMI FL 33168

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
D.L. Nail LLC	D.L. Nail LLC
Suite, Apt. #, etc. 1539 NW 119 St	Suite, Apt. #, etc. 1539 NW 119 St
City & State Miami Fl	City & State miami Fl
Zip 33167 Country	Zip 33167 Country

1st MOORE CR2E083 (10/07)

4. FEI Number 539-25-5870 — 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
LUONG, DAT TAN 20 NW 203RD RD. TERR. #C29 MIAMI FL 33169	Name D.L Nails LLC Street Address (P.O. Box Number is Not Acceptable) 1539 NW 119 St City MiAMi FL Zip Code 33167

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 registered agent.

SIGNATURE [signature]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 05/12/08

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	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LUONG, DAT TAN		NAME		
STREET ADDRESS	20 NW 203RD RD. TERR. #C29		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33169		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	NGUYEN, TUYET		NAME		
STREET ADDRESS	20 NW 203RD RD. TERR. #C29		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33169		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		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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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 Section 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: [signature] 05/12/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #