

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000092789

FILED  
Jan 04, 2008  
Secretary of State

**Entity Name:** PRO FILES NAIL GALLERY FRANCHISES LLC

**Current Principal Place of Business:**

1631 DEL PRADO BLVD S STE 412  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

**Current Mailing Address:**

1631 DEL PRADO BLVD S STE 412  
CAPE CORAL, FL 33990

**New Mailing Address:**

FEI Number: 26-0875584

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DUNGAN, TRACI L  
2305 SE 19TH AVENUE  
CAPE CORAL, FL 33990 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: DUNGAN, TRACI L  
Address: 2305 SE 19TH AVENUE  
City-St-Zip: CAPE CORAL, FL 33990

Title: MGRM ( ) Delete  
Name: MCCLURE, AMI M  
Address: 2122 SE 18TH PLACE  
City-St-Zip: CAPE CORAL, FL 33990

**ADDITIONS/CHANGES:**

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: TRACI DUNGAN

MGRM

01/04/2008

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