

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000113986

FILED
Nov 24, 2008
Secretary of State

Entity Name: TIFFANY NAIL & SPA OF ST. PETE, LLC

Current Principal Place of Business:

6901 TYRONE SQUARE
744
ST. PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

6901 TYRONE SQUARE
744
ST. PETERSBURG, FL 33710

New Mailing Address:

FEI Number: 26-1402715 **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:

Name and Address of New Registered Agent:

PHAM, QUANG
6901 TYRONE SQUARE
744
ST. PETERSBURG, FL 33710 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: PHAM,QUANG

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: PHAM, QUANG
Address: 6901 TYRONE SQUARE, 744
City-St-Zip: ST. PETERSBURG, FL 33710

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

Title: MGR () Delete
Name: PHAM, HUONG
Address: 6901 TYRONE SQUARE, 744
City-St-Zip: ST. PETERSBURG, FL 33710

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: QUANG PHAM

MGRM

11/24/2008

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