

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000004772

FILED  
Jun 22, 2009  
Secretary of State

Entity Name: NAIL CARE OF TALLAHASSEE, LLC

**Current Principal Place of Business:**

1350 E TENNESSEE ST  
SUITE B-5  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

C/O HIEU LE & ASSOCIATES, INC.  
5085 BUFORD HWY NE  
DORAVILLE, GA 30340

**New Mailing Address:**

FEI Number: 26-1734637      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:**

TRAN, AUSTIN T  
1350 E TENNESSEE ST  
SUITE B-5  
TALLAHASSEE, FL 32308 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: TRAN, AUSTIN T  
Address: 1350 E TENNESSEE ST STE B-5  
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM ( ) Delete  
Name: TRAN, MARIE T  
Address: 1350 E TENNESSEE ST STE B-5  
City-St-Zip: TALLAHASSEE, FL 32308

**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: AUSTIN THANH TRAN

MGRM

06/22/2009

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