

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000004772

FILED
Apr 06, 2011
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 ()

Name and Address of Current Registered Agent:

TRAN, AUSTIN T
1350 E TENNESSEE ST
SUITE B-5
TALLAHASSEE, FL 32308 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
Name: TRAN, AUSTIN T
Address: 1350 E TENNESSEE ST STE B-5
City-St-Zip: TALLAHASSEE, FL 32308

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

I hereby 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 TRAN

MGRM

04/06/2011

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