

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000004772

FILED
Mar 31, 2012
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:

2743 CAPITAL CIRCLE NE
SUITE 102
TALLAHASSEE, FL 32308

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:

TRAN, AUSTIN T
2743 CAPITAL CIRCLE NE
SUITE 102
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: AUSTIN TRAN

03/31/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: TRAN, AUSTIN T
Address: 2743 CAPITAL CIRCLE NE SUITE 102
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM
Name: TRAN, MARIE T
Address: 2743 CAPITAL CIRCLE NE SUITE 102
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

03/31/2012

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