

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000051783

FILED  
Apr 14, 2012  
Secretary of State

Entity Name: TAMI NAILS AND SPA LLC

**Current Principal Place of Business:**

2075 E OSCEOLA PKWY  
KISSIMMEE, FL 34743

**New Principal Place of Business:**

**Current Mailing Address:**

2075 E OSCEOLA PKWY  
KISSIMMEE, FL 34743

**New Mailing Address:**

FEI Number: 27-2560327

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LE, HA T  
14699 CABLESHIRE WAY  
ORLANDO, FL 32824 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: LE, HA T  
Address: 14699 CABLESHIRE WAY  
City-St-Zip: ORLANDO, FL 32824

Title: MGR  
Name: PHAN, THUY B  
Address: 14699 CABLESHIRE WAY  
City-St-Zip: ORLANDO, FL 32824

Title: MGR  
Name: PHAN, THUY BICH  
Address: 14699 CABLESHIRE WAY  
City-St-Zip: ORLANDFO, FL 32824

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Address: 14699 CABLESHIRE WAY  
City-St-Zip: ORLANDFO, FL 32824

Title: MGR  
Name: PHAN, THUY BICH  
Address: 14699 CABLESHIRE WAY  
City-St-Zip: ORLANDFO, FL 32824

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: HA TUAN LE

MGRM

04/14/2012

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