

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000093447

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** COASTAL BREEZE NAIL SPA, LLC

**Current Principal Place of Business:**

1810 CREIGHTON ROAD  
PENSACOLA, FL 32504

**New Principal Place of Business:**

**Current Mailing Address:**

1810 CREIGHTON ROAD  
PENSACOLA, FL 32504

**New Mailing Address:**

**FEI Number:** 45-3087415

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILBORN, KATHERINE X  
6012 TIPPIN AVENUE  
PENSACOLA, FL 32504 US

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

WILBORN, KATHERINE X CPA  
6012 TIPPIN AVENUE  
PENSACOLA, FL 32504 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: KATHERINE X. WILBORN, CPA

04/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CRABTREE, AMY  
Address: 1810 CREIGHTON ROAD  
City-St-Zip: PENSACOLA, FL 32504

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: AMY CRABTREE

MGRM

04/30/2012

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