

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000116830

**Entity Name:** BLUSH NAILS AND SPA LLC

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

**Current Principal Place of Business:**

4011 OAKWOOD BLVD  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

4013 OAKWOOD BLVD  
HOLLYWOOD, FL 33020

**Current Mailing Address:**

8230 PHOENICIAN CT  
DAVIE, FL 33328 US

**New Mailing Address:**

**FEI Number:** 45-3587146      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

TRAN, TRANG  
8230 PHOENICIAN CT  
DAVIE, FL 33328 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:** MGR  
**Name:** TRAN, TRANG  
**Address:** 8230 PHOENICIAN CT  
**City-St-Zip:** DAVIE, FL 33328 US

**Title:** MGR  
**Name:** TRAN, KIEU  
**Address:** 8230 PHOENICIAN CT  
**City-St-Zip:** DAVIE, FL 33328 US

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: TRANG TRAN

MGR

04/30/2012

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