

# 2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L11000143336

**FILED**  
**Dec 09, 2014**  
**Secretary of State**

**Entity Name:** VENETIAN NAILS SPA FORT LAUDERDALE LLC

**Current Principal Place of Business:**

1634 N FEDERAL HWY  
FORT LAUDERDALE, FL 33305 US

**New Principal Place of Business:**

**Current Mailing Address:**

1634 N FEDERAL HWY  
FORT LAUDERDALE, FL 33305

**New Mailing Address:**

1634 N FEDERAL HWY  
FORT LAUDERDALE, FL 33305 US

FEI Number: 45-4102704

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

LE, TRANG  
4655 SHILOH MILL BLVD  
JACKSONVILLE, FL 32246 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: LE, TRANG

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**AUTHORIZED PERSONS:**

Title: MGRM  
Name: LE, TRANG  
Address: 4655 SHILOH MILL BLVD  
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: MGRM  
Name: PHAM, KHA  
Address: 4655 SHILOH MILL BLVD  
City-St-Zip: JACKSONVILLE, FL 32246 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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: TRANG LE

\_\_\_\_\_  
Electronic Signature of Authorized Person

MGRM

12/09/2014

\_\_\_\_\_  
Date