

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000049945

**Entity Name:** ANGEL NAILS AND SPA EXPERT LLC

**Current Principal Place of Business:**

1164 WESTON RD  
WESTON, FL 33326

**Current Mailing Address:**

1164 WESTON RD  
WESTON, FL 33326

**FEI Number: 80-0574504**

**Certificate of Status Desired:** No

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

ANGEL NAILS AND SPA  
1164 WESTON RD  
WESTON, FL 33326 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name VAN, MICHELE  
Address 1164 WESTON RD  
City-State-Zip: WESTON FL 33326

Title MGRM  
Name TRUONG, ROGIO  
Address 1164 WESTON RD  
City-State-Zip: WESTON FL 33326

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ROGIO TRUONG**

**MGR**

**04/12/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date