

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000051783

Entity Name: TAMI NAILS AND SPA LLC

Current Principal Place of Business:

2075 E OSCEOLA PKWY
KISSIMMEE, FL 34743

Current Mailing Address:

2075 E OSCEOLA PKWY
KISSIMMEE, FL 34743

FEI Number: 27-2560327

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LE, HA T
14699 CABLESHIRE WAY
ORLANDO, FL 32824 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 MGRM
Name LE, HA T
Address 14699 CABLESHIRE WAY
City-State-Zip: ORLANDO FL 32824

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

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

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

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

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

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HA T LE

MR

03/14/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date