

2017 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 TUAN LE

MGRM

04/03/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date