

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000039111

Entity Name: JAZZY NAILZ -N- HAIR SPA LLC**Current Principal Place of Business:**4618 NORWOOD AVE.
JACKSONVILLE, FL 32206**Current Mailing Address:**2326 LEONID ROAD
JACKSONVILLE, FL 32218 US**FEI Number:** 27-1624861**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MONROE , MARCELLA S OWNER
2326 LEONID ROAD
JACKSONVILLE, FL 32218 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:** MARCELLA MONROE

04/29/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	AUTHORIZED REPRESENTATIVE
Name	SNOW, CHANESHIA A	Name	GUZMAN, KENNETH B
Address	2326 LEONID ROAD	Address	4037 GOLFSIDE DR
City-State-Zip:	JACKSONVILLE FL 32218	City-State-Zip:	ORLANDO FL 32808
Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZE REPRESENTATIVE
Name	MONROE , MARCELLA S	Name	JONES, KEFREM
Address	2326 LEONID ROAD	Address	2326 LEONID ROAD
City-State-Zip:	JACKSONVILLE FL 32218	City-State-Zip:	JACKSONVILLE FL 32218
Title	AUTHORIZED REPRESENTATIVE		
Name	BROWN , ANTOINE		
Address	2326 LEONID ROAD		
City-State-Zip:	JACKSONVILLE FL 32218		

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: MARCELLA MONROEAUTHORIZE
REPRESENTATIVE/OWNE
R

04/29/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date