

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000079275

**Entity Name:** VAN SPA & NAILS LLC

**Current Principal Place of Business:**

919 LAKELAND PARK CENTER DRIVE  
364  
LAKELAND, FL 33809

**Current Mailing Address:**

919 LAKELAND PARK CENTER DR  
364  
LAKELAND, FL 33809 US

**FEI Number:** 47-1086197

**Certificate of Status Desired:** No

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

NGUYEN, BAO V  
919 LAKELAND PARK CENTER DRIVE  
364  
LAKELAND, FL 33809 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	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	NGUYEN, BAO V	Name	VAN, CUC T
Address	1870 VIA LAGO DR	Address	1870 VIA LAGO DR
City-State-Zip:	LAKELAND FL 33810	City-State-Zip:	LAKELAND FL 32810
Title	AUTHORIZED MEMBER		
Name	VAN, TOAN C		
Address	5509 BEVERLY RISE BLVD		
City-State-Zip:	LAKELAND FL 33812		

*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:** BAO NGUYEN

P

03/11/2019

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

\_\_\_\_\_  
Date