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: JEFF NOVATT

AR

03/18/2017

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L16000100481

Entity Name: ELEGANT STYLE NAIL SALON, LLC

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

4380 GULF SHORE BLVD NORTH SUITE 820 NAPLES, FL 34103

Current Mailing Address:

4380 GULF SHORE BLVD NORTH **SUITE 820** NAPLES, FL 34103 US

FEI Number: 81-3427888

Name and Address of Current Registered Agent:

NOVATT, JEFF ESQ. 1415 PANTHER LANE SUITE 327 NAPLES, FL 34109 US

The above named entity submits this statement for the purpose o

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGR	Title	AR	
Name	NOVATT, IRINA	Name	NOVATT, JEFF	
Address	4380 GULF SHORE BLVD NORTH SUITE 820	Address	1415 PANTHER LANE SUITE 327	
City-State-Zip:	NAPLES FL 34103	City-State-Zip:	NAPLES FL 34109	

Agent.	
of changing its registered office or registered agent, or both, in the State of Florida.	

Certificate of Status Desired: No

FILED Mar 18, 2017 Secretary of State CC5024054120

Date

Date