

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000125721

**Entity Name:** NARS, LLC**Current Principal Place of Business:**17201 COLLINS AVE UNIT 808  
SUNNY ISLES BEACH, FL 33160**Current Mailing Address:**17201 COLLINS AVENUE  
APTO 808  
SUNNY ISLES, FL 33160 US**FEI Number:** 81-3188787**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAMONT NEIMAN & INTERAIN, P.A.  
2020 PONCE DE LEON BOULEVARD  
SUITE 1005-B  
CORAL GABLES, FL 33134 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	MGR
Name	SALVIOLI, ALBERTO
Address	17201 COLLINS AVE UNIT 808
City-State-Zip:	SUNNY ISLES BEACH FL 33160

Title	MGR
Name	MARMO DE SALVIOLI, NICOLINA C
Address	17201 COLLINS AVE UNIT 808
City-State-Zip:	SUNNY ISLES BEACH FL 33160

Title	MGR
Name	SALVIOLI, SILVANA
Address	17201 COLLINS AVE UNIT 808
City-State-Zip:	SUNNY ISLES BEACH FL 33160

Title	MGR
Name	SALVIOLI, ALBERTO JR
Address	17201 COLLINS AVE UNIT 808
City-State-Zip:	SUNNY ISLES BEACH FL 33160

Title	MGR
Name	SALVIOLI, ROBERTO
Address	17201 COLLINS AVE UNIT 808
City-State-Zip:	SUNNY ISLES BEACH FL 33160

*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:** MARMO DE SALVIOLI, NICOLINA C

MGR

03/14/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date