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.

Electronic Signature of Signing Authorized Person(s) Detail

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000194620

Entity Name: GEMMA WINSLET NAIL LOUNGE, LLC

Current Principal Place of Business:

1109 INTERNATIONAL PKWY 1611 LAKE MARY, FL 32746

Current Mailing Address:

31923 GEOFF WAY SORRENTO, FL 32776 US

FEI Number: 81-4227146

Name and Address of Current Registered Agent:

CLAUDIO, MARINES 31923 GEOFF WAY SORRENTO, FL 32776 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

Authorized Person(s) Detail :

Title	AMBR	Title	AMBR
Name	CLAUDIO, MARINES	Name	CLAUDIO, JOSE
Address	2569 RIVER LANDING DR.	Address	2569 RIVER LANDING DR.
City-State-Zip:	SANFORD FL 32771	City-State-Zip:	SANFORD FL 32771

SIGNATURE: MARINES CLAUDIO OWNER

04/30/2018

Date

FILED Apr 30, 2018 Secretary of State CC8036651455

Certificate of Status Desired: Yes

Date