

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000178816

**Entity Name:** VILLA NAILS SPA FLORIDA, LLC

**Current Principal Place of Business:**

2415 N MONROE ST  
SUITE 642  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

C/O HIEU LE & ASSOCIATES  
5085 BUFORD HWY NE  
DORAVILLE, GA 30340

**FEI Number:** 82-2549770

**Certificate of Status Desired:** No

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

NGUYEN, ANH N  
2415 N MONROE ST  
SUITE 642  
TALLAHASSEE, FL 32303 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 AMBR  
Name NGUYEN, ANH N  
Address 2415 N MONROE ST, SUITE 642  
City-State-Zip: TALLAHASSEE FL 32303

Title AMBR  
Name HO, NHI N  
Address 2415 N MONROE ST, SUITE 642  
City-State-Zip: TALLAHASSEE FL 32303

Title AR  
Name LE, HIEU  
Address 5085 BUFORD HWY NE  
City-State-Zip: DORAVILLE GA 30340

*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:** ANH NGOC NGUYEN

**MEMBER**

**04/26/2023**

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

\_\_\_\_\_  
Date