

2019 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

04/04/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date