

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000015547

**Entity Name:** SOFIA'S NAIL BAR & STUDIO LLC.

**Current Principal Place of Business:**

3939 NW 7 STREET  
SUITE 205  
MIAMI, FL 33126

**Current Mailing Address:**

3939 NW 7 STREET  
SUITE 205  
MIAMI, FL 33126 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

BELLIARD, ESTHER  
824 NW 20 CT  
MIAMI, FL 33125 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	PRES	Title	VP
Name	BELLIARD, ROSALY S	Name	BELLIARD, ESTHER L
Address	824 NW 20 CT	Address	824 NW 20 CT
City-State-Zip:	MIAMI FL 33125	City-State-Zip:	MIAMI FL 33125

*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:** ROSALY BELLIARD

PD

04/29/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date