
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: THUY GIANG	OWNER	03/07/2024

#### DOCUMENT# L18000029152

Entity Name: POLISH NAIL BAR & SPA, LLC

### **Current Principal Place of Business:**

9717 EAGLE CREEK CENTER BLVD 120

ORLANDO, FL 32832

## **Current Mailing Address:**

4066 YEATS STREET ORLANDO, FL 32832 US

# FEI Number: 82-5308215

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

GIANG, THUY 4066 YEATS STREET ORLANDO, FL 32828 US Certificate of Status Desired: Yes

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	: THUY N GIANG	03/07/2024			
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	MANAGER	Title	MANAGER		
Name	GIANG, THUY	Name	GIANG, THO N		
Address	4066 YEATS STREET	Address	4066 YEATS STREET		
City-State-Zip:	ORLANDO FL 32832	City-State-Zip:	ORLANDO FL 32828		

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 07, 2024 Secretary of State 5599297088CC

Date