

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000288557

**FILED**  
**Apr 28, 2024**  
**Secretary of State**  
**7808370567CC**

**Entity Name:** BE POLISHED NAILS & SPA LLC

**Current Principal Place of Business:**

8890 SALROSE LANE STE 108  
FT MYERS, FL 33912

**Current Mailing Address:**

8890 SALROSE LANE STE 108  
FT MYERS, FL 33912 US

**FEI Number:** 83-3125427

**Certificate of Status Desired:** Yes

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

PALOMINO, FREDDY  
8867 FALCON POINTE LOOP  
FT MYERS, FL 33912 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 MGRM  
Name PALOMINO, FREDDY  
Address 8867 FALCON POINTE LOOP  
City-State-Zip: FT MYERS FL 33912

Title MGRM  
Name PALOMINO, HERBY  
Address 8867 FALCON POINTE LOOP  
City-State-Zip: FT MYERS FL 33912

Title MBR  
Name MAYO, CHRISTIAN  
Address 19383 SW 68TH ST  
City-State-Zip: FT LAUDERDALE FL 33332

*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:** FREDDY PALOMINO

**MGRM**

**04/28/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date