

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000079910

**Entity Name:** TOP SHELF NAILS LLC

**Current Principal Place of Business:**

7106 NW 66TH ST  
TAMARAC, FL 33321

**Current Mailing Address:**

7106 NW 66TH ST  
TAMARAC, FL 33321 US

**FEI Number:** 83-4472503

**Certificate of Status Desired:** No

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

SALINAS, ARNOLDO  
6580 UNIT A N UNIVERSITY DR  
TAMARAC, FL 33321 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	MGR	Title	MGR
Name	BUCCI, KYRSTI	Name	SALINAS, ARNOLDO
Address	6550 NW 84TH AVE	Address	7106 NW 66TH ST
City-State-Zip:	PARKLAND FL 33067	City-State-Zip:	TAMARAC FL 33321

*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:** ARNOLDO SALINAS

**MGR**

**02/04/2020**

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

\_\_\_\_\_  
Date