

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000348602

Entity Name: PRIM AND POLISHED NAIL AND MED SPA, LLC

Current Principal Place of Business:

3957 EPIC COVE
LAND O LAKES, FL 34638

Current Mailing Address:

3957 EPIC COVE
LAND O LAKES, FL 34638

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JACKSON, ROBERT D
3957 EPIC COVE
LAND O LAKES, FL 34638 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
Name JACKSON, ROBERT D
Address 3957 EPIC COVE
City-State-Zip: LAND O LAKES FL 34638

Title MGR
Name JACKSON, EBONY L
Address 3957 EPIC COVE
City-State-Zip: LAND O LAKES FL 34638

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: ROBERT DEREK JACKSON

MGR

04/28/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date