

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000356336

**Entity Name:** MODISH NAILZ LLC

**Current Principal Place of Business:**

631 W CAMPUS CIRCLE  
FORT LAUDERDALE, FL 33312

**Current Mailing Address:**

631 W CAMPUS CIRCLE  
FORT LAUDERDALE, FL 33312 US

**FEI Number: 86-3205567**

**Certificate of Status Desired: Yes**

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

ASSING, CHELSA  
631 W CAMPUS CIRCLE  
FORT LAUDERDALE, FL 33312 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            AMBR  
Name            ASSING, CHELSA  
Address        631 WEST CAMPUS CIRCLE  
City-State-Zip: FORT LAUDERDALE FL 33312

*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: CHELSA ASSING**

**AMBR**

**04/12/2021**

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

\_\_\_\_\_  
Date