

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000386955

**Entity Name:** NATURAL NAILS BY TR LLC

**Current Principal Place of Business:**

9549 E. FOWLER AVE  
THONOTOSASSA, FL 33592

**Current Mailing Address:**

9549 E. FOWLER AVE  
THONOTOSASSA, FL 33592 US

**FEI Number:** 87-2409237

**Certificate of Status Desired:** No

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

TRAN, MINH H  
9549 E. FOWLER AVE  
THONOTOSASSA, FL 33592 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	P	Title	VP
Name	TRAN, MINH H	Name	TRINH, PHUONG L
Address	9549 E. FOWLER AVE	Address	9549 E. FOWLER AVE
City-State-Zip:	THONOTOSASSA FL 33592	City-State-Zip:	THONOTOSASSA FL 33592

*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:** MINH H TRAN

**PRESIDENT**

**04/11/2023**

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

\_\_\_\_\_  
Date