

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000204176

**Entity Name:** AMOURNAILZ LLC

**Current Principal Place of Business:**

8518 N ALASKA ST APT A  
TAMPA, FL 33604

**Current Mailing Address:**

8518 N ALASKA ST APT A  
TAMPA, FL 33604 US

**FEI Number:** 88-1944893

**Certificate of Status Desired:** No

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

COY, NYLA K  
8518 N ALASKA ST APT A  
TAMPA, FL 33604 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 COY, NYLA  
Address 8518 N ALASKA ST APT A  
City-State-Zip: TAMPA FL 33604

*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:** NYLA COY

04/20/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date