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.

MGR

SIGNATURE: SMITH , A'NAE KIARA

Electronic Signature of Signing Authorized Person(s) Detail

Name and Address of Current Registered Agent:

1638 ABYSS DRIVE

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: ANAE K SMITH

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGR
Name	SMITH, A'NAE KIARA
Address	1638 ABYSS DRIVE
City-State-Zip:	ODESSA FL 33556

1638 ABYSS DRIVE

FEI Number: 92-3895087

2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT DOCUMENT# L23000222035

Entity Name: KIKIS NAIL PALACE, LLC

Current Principal Place of Business:

2688 STONEWOOD PARK LOOP LAND O LAKES, FL 34638

Current Mailing Address:

ODESSA, FL 33556 US

SMITH, ANAE K ODESSA, FL 33556 US

05/01/2024

Date

05/01/2024

FILED May 01, 2024 Secretary of State 3748212560CC

Certificate of Status Desired: No

Date