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.

Electronic Signature of Signing Authorized Person(s) Detail

1722 DEL PRADO BLVD #3

Current Mailing Address:

DOCUMENT# L07000015638

Entity Name: JACQUELINES NAILS, LLC

Current Principal Place of Business:

CAPE CORAL, FL 33990

FEI Number: 45-0555905

Name and Address of Current Registered Agent:

VU, TRANG 1722 DEL PRADO BLVD #3 CAPE CORAL, FL 33990 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

Authorized Person(s) Detail :

Title	MGR	Title	PART
Name	BUI, TIM	Name	VU, TRANG
Address	1722 DEL PRADO BLVD #3	Address	1722 DEL PRADO BLVD #3
City-State-Zip:	CAPE CORAL FL 33990	City-State-Zip:	CAPE CORAL FL 33990

02/01/2020 SIGNATURE: TIM BUI MGR

FILED Feb 01, 2020 Secretary of State 3218867058CC

Certificate of Status Desired: No

Date

Date