2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000051783

Entity Name: TAMI NAILS AND SPA LLC

Current Principal Place of Business:

2075 E OSCEOLA PKWY
KISSIMMEE, FL 34743

Current Mailing Address:

2075 E OSCEOLA PKWY
KISSIMMEE, FL 34743

FEI Number: 27-2560327

FILED
Feb 19, 2020
Secretary of State
8009710866CC

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LE, HA T
12012 SAWGRASS RESERVE BLVD
ORLANDO, FL 32824 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	MGRM	Title	MGR
Name	LE, HA T	Name	PHAN, THUY B
Address	12012 SAWGRASS RESERVE BLVD	Address	12012 SAWGRASS RESERVE BLVD
City-State-Zip:	ORLANDO FL 32824	City-State-Zip:	ORLANDO FL 32824
Title	MGR	Title	MGR
Name	PHAN, THUY BICH	Name	PHAN, THUY BICH
Address	12012 SAWGRASS RESERVE BLVD	Address	12012 SAWGRASS RESERVE BLVD
City-State-Zip:	ORLANDFO FL 32824	City-State-Zip:	ORLANDFO FL 32824
Title	MGR	Title	MGR
Name	PHAN, THUY BICH	Name	PHAN, THUY BICH
Address	12012 SAWGRASS RESERVE BLVD	Address	12012 SAWGRASS RESERVE BLVD
City-State-Zip:	ORLANDFO FL 32824	City-State-Zip:	ORLANDFO FL 32824

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: HA T. LE — MGRM — 02/19/2020

Electronic Signature of Signing Authorized Person(s) Detail — Date