

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000056996

**Entity Name:** STAR NAILS & SPA VENICE, LLC

**Current Principal Place of Business:**

4151 TAMIAMI TRAIL SOUTH  
VENICE, FL 34293

**Current Mailing Address:**

169 MYAKKA DR  
VENICE, FL 34293 US

**FEI Number: 81-1940376**

**Certificate of Status Desired: Yes**

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

TO, HA M  
4151 TAMIAMI TRAIL S.  
VENICE, FL 34293 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           | AUTHORIZED MEMBER     | Title           | PRESIDENT             |
| Name            | VU, DUNG T            | Name            | TO, HA M              |
| Address         | 4151 TAMIAMI TRAIL S. | Address         | 4151 TAMIAMI TRAIL S. |
| City-State-Zip: | VENICE FL 34293       | City-State-Zip: | VENICE FL 34293       |

*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: TO, HA M**

**PRESIDENT**

**04/09/2022**

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

\_\_\_\_\_  
Date