

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000088987

**Entity Name:** CHIPPED NAIL LOUNGE LLC

**Current Principal Place of Business:**

13055 W SUNRISE BLVD.  
SUITE #115 SUITE #115  
SUNRISE, FL 33323

**Current Mailing Address:**

13055 W SUNRISE BLVD.  
SUITE #115 SUITE #115  
SUNRISE, FL 33323 US

**FEI Number:** 81-2591570

**Certificate of Status Desired:** No

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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	Title	ST
Name	TAVAREZ, YULIANA	Name	TAVAREZ, YULIANA
Address	13055 W SUNRISE BLVD. SUITE #115 SUITE #115	Address	13055 W SUNRISE BLVD. SUITE #115 SUITE #115
City-State-Zip:	SUNRISE FL 33323	City-State-Zip:	SUNRISE FL 33323

*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:** YULIANA TAVAREZ

**MANAGER**

**04/29/2018**

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

\_\_\_\_\_  
Date