

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000050426

**FILED**  
**Feb 28, 2018**  
**Secretary of State**  
**CC7115553747**

**Entity Name:** DORAL NAILS AND SPA LLC

**Current Principal Place of Business:**

8245 NW 36TH STREET  
SUITE 8245-8  
DORAL, FL 33166

**Current Mailing Address:**

8245 NW 36TH STREET  
SUITE 8245-8  
DORAL, FL 33166 US

**FEI Number:** 82-0737974

**Certificate of Status Desired:** No

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

GUEDES, NAYLA  
2825 SW 76 STREET  
APT 202  
HIALEAH, FL 33018 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            PRESIDENT  
Name            GUEDES, NAYLA  
Address        2825 W 76 STREET  
                  APT # 202  
City-State-Zip: HIALEAH FL 33018

Title            VP  
Name            GUEDES, RODOBALDO  
Address        8245 NW 36TH STREET  
                  SUITE 8245-8  
City-State-Zip: DORAL FL 33166

*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:** NAYLA GUEDES

**PRESIDENT**

**02/28/2018**

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

\_\_\_\_\_  
Date