

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000018841

**Entity Name:** CLASSY NAILS & SPA, LLC

**Current Principal Place of Business:**

5176 S. CONWAY RD.  
ORLANDO, FL 32812

**Current Mailing Address:**

5176 S. CONWAY RD.  
ORLANDO, FL 32812

**FEI Number: 82-4133948**

**Certificate of Status Desired:** No

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

TRAN, THONG N  
3842 ISLE VISTA AVE  
BELLE ISLE, FL 32812 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  
Name TRAN, THONG N  
Address 3842 ISLE VISTA AVE.  
City-State-Zip: BELLE ISLE FL 32812

Title MGR  
Name PHAM, TUYEN T  
Address 3842 ISLE VISTA AVE  
City-State-Zip: BELLE ISLE FL 32812

*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: THONG TRAN**

**MGR**

**05/01/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date