

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000071477

**Entity Name:** SILVIA NAILS SPA,LLC

**Current Principal Place of Business:**

400 W NEW ENGLAND  
3  
WINTER PARK, FL 32789

**Current Mailing Address:**

400 W NEW ENGLAND  
265 3  
WINTER PARK, FL 32789 US

**FEI Number:** 82-4951305

**Certificate of Status Desired:** No

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

ESQUIVEL, SILVIA A  
400 W NEW ENGLAND  
3  
WINTER PARK, FL 32789 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            ESQUIVEL, SILVIA  
Address        1746 EAST SILVER STAR ROAD  
                  265  
City-State-Zip: OCOEE FL 34761

*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:** SILVIA ESQUIVEL

**PRESIDENT**

**02/23/2020**

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

\_\_\_\_\_  
Date