

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000263503

**Entity Name:** ATTITUDE NAILS SPA LLC

**Current Principal Place of Business:**

3725 BONITA BEACH RD STE 9  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

3725 BONITA BEACH RD STE 9  
BONITA SPRINGS, FL 34134

**FEI Number:** 83-2482831

**Certificate of Status Desired:** No

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

HO, VUI T  
768 104TH AVE N  
NAPLES, FL 34108 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  
Name            HO, VUI T  
Address        768 104TH AVE N  
City-State-Zip: NAPLES FL 34108

*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:** HO , VUI T

**AUTHORIZED MEMBER**

**03/02/2024**

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

\_\_\_\_\_  
Date