

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000021215

Entity Name: PRO NAILS OF OCALA LLC

Current Principal Place of Business:

5400 SW COLLEGE RD
107
OCALA, FL 34474

Current Mailing Address:

5400 SW COLLEGE RD
107
OCALA, FL 34474

FEI Number: 83-3371327

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAN, LOI
5400 SW COLLEGE RD
107
OCALA, FL 34474 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 AMBR
Name SAN, LOI
Address 5400 SW COLLEGE RD STE 107
City-State-Zip: OCALA FL 34474

Title AMBR
Name VO, AN
Address 5400 SW COLLEGE RD STE 107
City-State-Zip: OCALA FL 34474

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: LOI SAN

AMBR

02/11/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date