# that my name appears above, or on an attachment with all other like empowered. SIGNATURE: LOI SAN AMBR 0

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

Electronic Signature of Signing Authorized Person(s) Detail

# 2023 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

# Name and Address of Current Registered Agent:

Electronic Signature of 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:

### Authorized Person(s) Detail :

Autionzed Person(s) Detail .			
Title	AMBR	Title	AMBR
Name	SAN, LOI	Name	VO, AN
Address	5400 SW COLLEGE RD STE 107	Address	5400 SW COLLEGE RD STE 107
City-State-Zip:	OCALA FL 34474	City-State-Zip:	OCALA FL 34474

### FILED Apr 12, 2023 Secretary of State 1563338392CC

Certificate of Status Desired: No

04/12/2023 Date

Date