

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000079846

**Entity Name:** PALM SPRINGS NAILS AND SPA, LLC

**Current Principal Place of Business:**

3145 FOREST HILL BLVD  
WEST PALM BEACH, FL 33406

**Current Mailing Address:**

3145 FOREST HILL BLVD  
WEST PALM BEACH, FL 33406 US

**FEI Number:** 83-4172553

**Certificate of Status Desired:** No

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

DUC, TRAN T  
6521 PATRICIA DR  
WEST PALM BEACH, FL 33413 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 AP  
Name TIEN, HUYNH N  
Address 6521 PATRICIA DR  
City-State-Zip: WEST PALM BEACH FL 33413

Title AR  
Name TRAN, DUC N  
Address 6521 PATRICIA DR  
City-State-Zip: WEST PALM BEACH FL 33413

Title AP  
Name HUYNH, HIEU N  
Address 6521 PATRICIA DR  
City-State-Zip: WEST PALM BEACH FL 33413

Title AR  
Name HUYNH, DUNG D  
Address 6521 PATRICIA DR  
City-State-Zip: WEST PALM BEACH FL 33413

*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:** DUC TRAN

**MANAGER**

**01/29/2020**

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

\_\_\_\_\_  
Date