

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000174846

**Entity Name:** NAYI'S NAILS SALON & SPA LLC

**Current Principal Place of Business:**

1719 W SLIGH AVE  
TAMPA, FL 33604

**Current Mailing Address:**

1719 W SLIGH AVE  
TAMPA, FL 33604 US

**FEI Number:** 84-3381227

**Certificate of Status Desired:** Yes

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

NAYI'S NAILS SALON& SPA LLC  
1719 W SLIGH AVE  
TAMPA, FL 33604 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:** NAYIVIS RIVERO

01/12/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title ADMINISTRADOR  
Name FERRAN, NAYIVIS R  
Address 1719 W SLIGH AVE  
City-State-Zip: TAMPA FL 33604

*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:** NAYIVIS RIVERO FERRAN

ADMINISTRADOR

01/12/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date