

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000405179

**Entity Name:** SUPA STAR NAILS LLC

**Current Principal Place of Business:**

481 N. STATE ROAD 434  
1030  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

481 N. STATE ROAD 434  
1030  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number:** 87-0835671

**Certificate of Status Desired:** No

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

FERNANDEZ, LEANN  
481 N. STATE ROAD 434  
1030  
ALTAMONTE SPRINGS, FL 32714 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 MGR  
Name FERNANDEZ, LEANN  
Address 481 N. STATE ROAD 434, SUITE 1030  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*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:** LEANN FERNANDEZ

**OWNER**

**02/06/2024**

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

\_\_\_\_\_  
Date