

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000025578

**Entity Name:** KRISTY'S NAILS & SPA LLC**Current Principal Place of Business:**1031 US HWY 90W STE 1  
DEFUNIAK SPRINGS, FL 32433**Current Mailing Address:**1031 US HWY 90W STE 1  
DEFUNIAK SPRINGS, FL 32433 US**FEI Number:** 92-2257941**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JAN DAVIDSON INCOME TAX SERVICE  
6455 COUNTY HWY 0605  
DEFUNIAK SPRINGS, FL 32433 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:** JAN DAVIDSON

02/09/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                           |
|-----------------|---------------------------|
| Title           | AMBR                      |
| Name            | LE, KRISTINA              |
| Address         | 1031 US HWY 90W STE 1     |
| City-State-Zip: | DEFUNIAK SPRINGS FL 32433 |

|                 |                           |
|-----------------|---------------------------|
| Title           | AMBR                      |
| Name            | LE, NHAN D                |
| Address         | 1031 US HWY 90W STE 1     |
| City-State-Zip: | DEFUNIAK SPRINGS FL 32433 |

*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:** KRISTINA LE

AMBR

02/09/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date