

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000231190

**Entity Name:** VENETIAN NAILS SPA LLC**Current Principal Place of Business:**10261 RIVER MARSH DR STE 113  
JACKSONVILLE, FL 32246**Current Mailing Address:**10261 RIVER MARSH DR STE 113  
JACKSONVILLE, FL 32246**FEI Number:** 88-2541732**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PHAM, KHA  
10261 RIVER MARSH DR STE 113  
JACKSONVILLE, FL 32246 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 PHAM, KHA  
Address 10261 RIVER MARSH STE 113  
City-State-Zip: JACKSONVILLE FL 32246

Title AUTHORIZED MEMBER  
Name HUYNH, LOC V  
Address 12191 SUNCHASE DRIVE  
City-State-Zip: JACKSONVILLE FL 32246

Title AUTHORIZED MEMBER  
Name HUYNH, DAT  
Address 12191 SUNCHASE DRIVE  
City-State-Zip: JACKSONVILLE FL 32246

Title AUTHORIZED MEMBER  
Name NGUYEN, JENNY VIET  
Address 12119 SUNCHASE DRIVE  
City-State-Zip: JACKSONVILLE FL 32246

Title AUTHORIZED MEMBER  
Name HUYNH, THUY  
Address 2701 OSTIA CIRCLE  
City-State-Zip: JACKSONVILLE FL 32246

Title AUTHORIZED MEMBER  
Name PHAN, HUONG  
Address 12191 SUNCHASE DRIVE  
City-State-Zip: JACKSONVILLE FL 32246

Title AUTHORIZED MEMBER  
Name PHAN, HUNG V  
Address 10995 UNION PACIFIC DRIVE SOUTH  
City-State-Zip: JACKSONVILLE FL 32246

*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:** PHAM, KHA

MANAGER

03/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date