

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000469565

**Entity Name:** NATIONAL NAIL ASSOCIATION OF AMERICA L.L.C.

**Current Principal Place of Business:**

30133 US HWY 19N  
CLEARWATER, FL 33761

**Current Mailing Address:**

9149 MAPLE CT  
SEMINOLE, FL 33777 UN

**FEI Number:** 92-1235507

**Certificate of Status Desired:** No

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

LE, TRISHA  
30133 US HWY 19N  
CLEARWATER, FL 33761 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 PD  
Name LE, TRISHA  
Address 30133 US HWY 19N  
City-State-Zip: CLEARWATER FL 33761

Title SD  
Name NGUYEN, NATHAN  
Address 4705 E CERRO VISTA DR  
City-State-Zip: ANAHEIM CA 92807

Title D  
Name NGUYEN, THY  
Address 4705 E CERRO VISTA DR  
City-State-Zip: ANAHEIM CA 92807

*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:** TRISHA LE

MEMBER

03/27/2023

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

\_\_\_\_\_ Date