

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000054601

Entity Name: LASHES BY KIMIA, LLC

Current Principal Place of Business:

1001 SOUTH ROME AVENUE
UNIT 15
TAMPA, FL 33606

Current Mailing Address:

1001 SOUTH ROME AVENUE
UNIT 15
TAMPA, FL 33606 US

FEI Number: 82-0783122

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAGSOODI, KIMIA
1001 SOUTH ROME AVENUE
UNIT 15
TAMPA, FL 33606 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 MAGSOODI, KIMIA
Address 1001 SOUTH ROME AVENUE UNIT 15
City-State-Zip: TAMPA FL 33606

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: KIMIA MAGSOODI

MANAGING MEMBER

04/11/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date