

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000202025

**Entity Name:** LACHIC' LASHES, LLC

**Current Principal Place of Business:**

4324 ROYAL OAK LANE  
NEW PORT RICHEY, FL 34653

**Current Mailing Address:**

4324 ROYAL OAK LANE  
NEW PORT RICHEY, FL 34653 UN

**FEI Number:** 83-1844796

**Certificate of Status Desired:** No

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

DEAN, TIFFANY  
4324 ROYAL OAK LANE  
NEW PORT RICHEY, FL 34653 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 DEAN, TIFFANY  
Address 4324 ROYAL OAK LANE  
City-State-Zip: NEW PORT RICHEY FL 34653

*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:** TIFFANY DEAN

03/08/2020

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

\_\_\_\_\_  
Date