

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000163651

**Entity Name:** FIFTH AVENUE WAX CENTER LLC

**Current Principal Place of Business:**

649 FIFTH AVENUE SOUTH  
SUITE 207  
NAPLES, FL 34102

**Current Mailing Address:**

5413 COVE CIRCLE  
NAPLES, FL 34119

**FEI Number:** 84-2779521

**Certificate of Status Desired:** No

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

INMACOLATO, KARINA  
5413 COVE CIRCLE  
NAPLES, FL 34119 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 AP  
Name BILEN, BARIS  
Address 5413 COVE CIRCLE  
City-State-Zip: NAPLES FL 34119

*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:** BILEN , BARIS

AP

02/02/2021

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

\_\_\_\_\_  
Date