

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000026316

**Entity Name:** TARAMARIE ESTHETICS & LASHES LLC

**Current Principal Place of Business:**

1536 S. MCCALL RD  
ENGLEWOOD, FL 34223

**Current Mailing Address:**

5929 GILLOT BLVD  
PORT CHARLOTTE, FL 33981 US

**FEI Number:** 84-4562269

**Certificate of Status Desired:** No

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

ZAPATA, TARAMARIE A  
5929 GILLOT BLVD  
PORT CHARLOTTE, FL 33981 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            AMBR  
Name            ZAPATA, TARAMARIE  
Address        5929 GILLOT BLVD  
City-State-Zip: PORT CHARLOTTE FL 33981

*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:** TARAMARIE ZAPATA

AMBR

02/14/2024

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

\_\_\_\_\_ Date