

2021 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:

5497 MONTEGO LANE
PORT CHARLOTTE, FL 33981

FEI Number: 84-4562269

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZAPATA, TARAMARIE A
5497 MONTEGO LANE
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 5497 MONTEGO LANE
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

OWNER

03/03/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date