

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000206737

Entity Name: LOOKS OVER LASHES LLC

Current Principal Place of Business:

1036 ARKANSAS AVENUE
CLEWISTON, FL 33440

Current Mailing Address:

P.O. BOX 183
CLEWISTON, FL 33440

FEI Number: 85-2231163

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JOHNSON, CRYSTAL C
1036 ARKANSAS AVENUE
CLEWISTON, FL 33440 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 JOHNSON, CRYSTAL C
Address 1036 ARKANSAS AVENUE
City-State-Zip: CLEWISTON FL 33440

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: CRYSTAL C JOHNSON

AMBR

08/25/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date