

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000285760

**Entity Name:** CHIQUITICA LASHES LLC

**Current Principal Place of Business:**

2901 NE 1ST AVE  
APT 705  
MIAMI, FL 33137

**Current Mailing Address:**

2901 NE 1ST AVE  
APT 705  
MIAMI, FL 33137 US

**FEI Number:** 85-3110478

**Certificate of Status Desired:** Yes

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

LARIN, MARIA  
2901 NE 1ST AVE  
APT 705  
MIAMI, FL 33137 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 LARIN, MARIA  
Address 2901 NE 1ST AVE APT 705  
City-State-Zip: MIAMI FL 33137

*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:** LARIN, MARIA

**MANAGER**

**04/28/2021**

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

\_\_\_\_\_  
Date