

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000129941

**Entity Name:** CRYSTAL OLIVO LASH ACADEMY LLC

**Current Principal Place of Business:**

316 LEE ST  
OCOEE, FL 34761

**Current Mailing Address:**

316 LEE ST  
OCOEE, FL 34761 US

**FEI Number:** 88-1521562

**Certificate of Status Desired:** No

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

OLIVO, ZAIRA  
316 LEE ST  
OCOEE, FL 34761 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            OLIVO, ZAIRA  
Address        316 LEE ST  
City-State-Zip: OCOEE FL 34761

*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:** ZAIRA C OLIVO

**OWNER**

**04/26/2024**

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

\_\_\_\_\_  
Date