

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000233761

**Entity Name:** COSMETICOPZO LLC

**Current Principal Place of Business:**

1052 NW 87TH AVE  
305  
MIAMI, FL 33172

**Current Mailing Address:**

1052 NW 87TH AVE  
305  
MIAMI, FL 33172

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

LEAL, MARIA M  
1052 NW 87TH AVE  
305  
MIAMI, FL 33172 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           VP  
Name           LEAL, MARIA M  
Address        CALLE CUBA CON ARUBA NO 27  
                  URB VILLA GRANADA  
City-State-Zip: PUERTO ORDAZ BOLIVAR 8050

Title           PRESIDENT  
Name           LEAL, EVA E  
Address        1052 NW 87TH AVE  
                  305  
City-State-Zip: MIAMI FL 33172

Title           MGR  
Name           BLARASIN, MILIANO M  
Address        1052 NW 87TH AVE  
                  305  
City-State-Zip: MIAMI FL 33172

*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:** EVA E LEAL

**PRESIDENT**

**01/23/2023**

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

\_\_\_\_\_  
Date