

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000016159

Entity Name: LASHES BY JILLIAN, LLC

Current Principal Place of Business:

100 S 2ND STREET, SUITE 205
FORT PIERCE, FL 34950

Current Mailing Address:

5130 E PORTOFINO LANDINGS BLVD, UNIT 102
FORT PIERCE, FL 34947 US

FEI Number: 92-3795284

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

INC AUTHORITY RA
390 NORTH ORANGE AVE., STE 2300-N
ORLANDO, FL 32801 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 CAPASSO, JILLIAN
Address 5130 E PORTOFINO LANDINGS BLVD
102
City-State-Zip: FORT PIERCE FL 34947

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: JILLIAN M CAPASSO

04/29/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date