

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90272 026 ***138.75

DOCUMENT # L07000116586

1. Entity Name
THE LASH STUDIO, LLC



Principal Place of Business
9120 CHRYSANTHEMUM DR
BOYNTON BEACH, FL 33437

Mailing Address
9120 CHRYSANTHEMUM DR
BOYNTON BEACH, FL 33437

60014625



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02052008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

26-1284590

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~SNAPPY TAX, INC.~~
~~7515 W OAKLAND PARK BLVD~~
~~103~~
~~FT LAUDERDALE, FL 33319~~

7. Name and Address of New Registered Agent

Name Mikaela Samberg

Street Address (P.O. Box Number is Not Acceptable)

9120 Chrysanthemum Dr

City

Boynton Beach,

FL

Zip Code

33437

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME SAMBERG, MIKAELA
STREET ADDRESS 9120 CHRYSANTHEMUM DR
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE MGR ☐ Delete
NAME George D. Fernandez
STREET ADDRESS 9120 Chrysanthemum Dr.
CITY-ST-ZIP Boynton Beach, Fl. 33437

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2.5.08

201927 3083