

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000116586

Entity Name: THE LASH STUDIO, LLC

**FILED**  
**Apr 08, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

170 NE 2 AVE  
DELRAY BEACH, FL 33444

**New Principal Place of Business:**

**Current Mailing Address:**

170 NE 2 AVE  
DELRAY BEACH, FL 33444

**New Mailing Address:**

FEI Number: 26-1284590

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FERNANDEZ, MIKAELA  
9120 CHRYSANTHEMUM DR  
BOYNTON BEACH, FL 33437 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SAMBERG, MIKAELA  
Address: 9120 CHRYSANTHEMUM DR  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: MGR  
Name: FERNANDEZ, GEORGE D  
Address: 9120 CHRYSANTHEMUM DR  
City-St-Zip: BOYNTON BEACH, FL 33437

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MIKEALA FERNANDEZ

MGR

04/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date