

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000005038

Entity Name: MY LASH FETISH, LLC

Current Principal Place of Business:

3140 W KENNEDY BLVD
SUITE 115
TAMPA, FL 33609

Current Mailing Address:

3140 W KENNEDY BLVD
SUITE 115
TAMPA, FL 33609 US

FEI Number: 81-1216319

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SNODGRASS, NICOLE
5145 S DALE MABRY HWY
#20408
TAMPA, FL 33611 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 MGMR
Name SNODGRASS, NICOLE
Address 5145 S DALE MABRY HWY
#20408
City-State-Zip: TAMPA FL 33611

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: NICOLE SNODGRASS

OWNER

06/17/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date