

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000095020

**Entity Name:** FL FLAWLESS FINISH LLC

**Current Principal Place of Business:**

481 N. YONGE ST.  
ORMOND BCH., FL 32174

**Current Mailing Address:**

481 N. YONGE ST.  
ORMOND BCH., FL 32174 US

**FEI Number: 81-2694805**

**Certificate of Status Desired: No**

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

PASSALACQUA, LORI  
481 N. YONGE ST.  
ORMOND BCH., FL 32174 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 DARAGO, SHANE  
Address 481 N. YONGE ST.  
City-State-Zip: ORMOND BCH. FL 32174

Title AMBR  
Name DARAGO, SHANE  
Address 481 N. YONGE ST.  
City-State-Zip: ORMOND BCH. FL 32174

Title AMBR  
Name PASSALACQUA, LORI K  
Address 481 N. YONGE ST.  
City-State-Zip: ORMOND BCH. FL 32174

*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: LORI PASSALACQUA**

**AMBR**

**04/30/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date