

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000210771

**Entity Name:** MASTER LASH LLC

**Current Principal Place of Business:**

2030 SOUTH OCEAN DR  
APT 1214  
HALLANDALE, FL 33009

**Current Mailing Address:**

2030 SOUTH OCEAN DR  
APT 1214  
HALLANDALE, FL 33009 US

**FEI Number:** 81-4896260

**Certificate of Status Desired:** No

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

CORCINO, YAMIRA  
2030 SOUTH OCEAN DR  
APT 1214  
HALLANDALE, FL 33009 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:** YAMIRA CORCINO

03/08/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name CORCINO, YAMIRA  
Address 2030 S OCEAN DR APT 1214  
City-State-Zip: HALLANDALE FL 33009

Title MGR  
Name CORCINO, YAMARIS  
Address 1945 SOUTH OCEAN DR  
APT 505  
City-State-Zip: HALLANDALE FL 33009

*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:** YAMIRA CORCINO

03/08/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date