

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000022560

**Entity Name:** ANTODIVA LASHES LLC

**Current Principal Place of Business:**

35 SW 114TH AVE  
103  
MIAMI, FL 33174

**Current Mailing Address:**

35 SW 114TH AVE  
103  
MIAMI, FL 33174 US

**FEI Number:** 81-5346056

**Certificate of Status Desired:** No

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

URRACA, JOHNNY SALOMON  
4440 NW 79TH AVE  
1G  
MIAMI, FL 33166 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:** JOHNNY S URRACA

04/28/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name URRACA NUNEZ, JOHNNY SALOMON  
Address 35 SW 114TH AVE  
103  
City-State-Zip: MIAMI FL 33174

Title AMBR  
Name GIRALDO, MARIA ANTONIA  
Address 35 SW 114TH AVE  
103  
City-State-Zip: MIAMI FL 33174

Title AMBR  
Name TOCUYO GIRALDO, KARLA  
ESTEPHANY  
Address 35 SW 114TH AVE  
103  
City-State-Zip: MIAMI FL 33174

*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:** JOHNNY SALOMON URRACA NUNEZ

MANAGING MEMBER

04/28/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date