

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000024319

**Entity Name:** BEST EYELASHES EVER, LLC

**Current Principal Place of Business:**

1209 N. MILLS AVE.  
ORLANDO, FL 32803

**Current Mailing Address:**

1209 N. MILLS AVE.  
ORLANDO, FL 32803 US

**FEI Number:** 82-4244451

**Certificate of Status Desired:** No

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

SZCZEPANIAK, RACHEL  
6807 FLAME ST.  
ORLANDO, FL 32807 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            AMBR  
Name            SZCZEPANIAK, RACHEL  
Address        1209 N. MILLS AVE.  
City-State-Zip: ORLANDO FL 32803

*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:** RACHEL SZCZEPANIAK

**OWNER**

**06/12/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date