

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000024597

**Entity Name:** LASHES BY MEGS LLC.

**Current Principal Place of Business:**

3270 SUNTREE BLVD  
#1113B  
MELBOURNE, FL 32940

**Current Mailing Address:**

1519 BRONCO DRIVE  
MELBOURNE , FL 32940 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MCKENNA, MEGAN  
1519 BRONCO DRIVE  
MELBOURNE , FL 32940 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            MCKENNA, MEGAN  
Address        4935 SHADE TREE ST  
City-State-Zip: COCOA FL 32926

*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:** MEGAN MCKENNA

**OWNER**

**04/30/2025**

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

\_\_\_\_\_  
Date