

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000143523

Entity Name: BILTMORE LASHES AND SPA LLC**Current Principal Place of Business:**6932A STIRLING ROAD
HOLLYWOOD, FL 33024**Current Mailing Address:**21136 NE 2ND CT
MIAMI, FL 33179 US**FEI Number:** 84-2020817**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BROTHER BEE
21136 NE 2ND CT
MIAMI, FL 33179 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:** ANTHONY TRAN

04/29/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name TRAN, ANTHONY
Address 21136 NE 2ND CT
City-State-Zip: MIAMI FL 33179

Title MANAGER
Name DANG, PHUC HONG
Address 6932A STIRLING ROAD
City-State-Zip: HOLLYWOOD FL 33024

Title TREASURER
Name NGUYEN, HOANG DU HUY
Address 21136 NE 2ND CT
City-State-Zip: MIAMI FL 33179

Title DIRECTOR
Name HUYNH, BINH LONG
Address 826 NW 183RD ST
City-State-Zip: MIAMI FL 33169

Title MANAGER
Name NGUYEN, YEN THI HONG
Address 2079 MERCERS FERNERY RD
City-State-Zip: DELAND FL 32720

Title MANAGER
Name TRUONG, HIEU VAN
Address 2079 MERCERS FERNERY RD
City-State-Zip: DELAND FL 32720

Title MANAGER
Name PHAM, THANH HUU THIEN
Address 2079 MERCERS FERNERY RD
City-State-Zip: DELAND FL 32720

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: ANTHONY TRAN

MANAGER

04/29/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date