### 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. 01/23/2022

MANAGER

SIGNATURE: RICARDO FORNOS

Electronic Signature of Signing Authorized Person(s) Detail

FEI Number: APPLIED FOR

### Name and Address of Current Registered Agent:

BUCHHOLZ, JOSE E 25 CATKIN LANE PONTE VEDRA, FL 32081 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

### Authorized Person(s) Detail :

| Title           | MGR                     | Title           | MGR                     |
|-----------------|-------------------------|-----------------|-------------------------|
| Name            | FORNOS, RICARDO         | Name            | FORNOS, LUCY            |
| Address         | 4434 BEACON DRIVE, WEST | Address         | 4434 BEACON DRIVE, WEST |
| City-State-Zip: | JACKSONVILLE FL 32225   | City-State-Zip: | JACKSONVILLE FL 32225   |

# DOCUMENT# L19000144511

### Entity Name: NORTH FLORIDA PERMANENT MAKEUP CENTER, LLC

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Current Principal Place of Business:**

4434 BEACON DRIVE, WEST JACKSONVILLE, FL 32225

## **Current Mailing Address:**

4434 BEACON DRIVE, WEST JACKSONVILLE. FL 32225

## Certificate of Status Desired: No

FILED Jan 23, 2022 Secretary of State 1985594410CC

Date

Date