

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000144511

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

**Current Principal Place of Business:**

4434 BEACON DRIVE, WEST  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

4434 BEACON DRIVE, WEST  
JACKSONVILLE, FL 32225

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**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

Date

**Authorized Person(s) Detail :**

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

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

*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:** RICARDO FORNOS

**MANAGER**

**02/05/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date