

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000197351

**Entity Name:** LYT LASHES, LLC

**Current Principal Place of Business:**

4750 E MOODY BLVD  
UNIT 105  
BUNNELL, FL 32110

**Current Mailing Address:**

6 ZEBRAWOOD COURT  
PALM COAST, FL 32164 US

**FEI Number:** 84-3190127

**Certificate of Status Desired:** No

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

COFIELD, CARLYNDA J  
6 ZEBRAWOOD COURT  
PALM COAST, FL 32164 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:** CARLYNDA COFIELD

09/20/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	PRESIDENT	Title	VP
Name	COFIELD, CARLYNDA	Name	COFIELD, SAVANNA MAREE
Address	6 ZEBRAWOOD COURT	Address	6 ZEBRAWOOD COURT
City-State-Zip:	PALM COAST FL 32164	City-State-Zip:	PALM COAST FL 32164

*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:** CARLYNDA J COFIELD

PRESIDENT

09/20/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date