## 2025 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L20000204982

Entity Name: IMNK LASH LLC

**Current Principal Place of Business:** 

2137 PHOENIX AVE JACKSONVILLE. FL 32206

2137 PHOENIX AVE

## **Current Mailing Address:**

2137 PHEONIX AVE

JACKSONVILLE. FL 32202 US

FEI Number: 85-2174028 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

BYNES, IRIEAL S 2137 PHOENIX AVE JACKSONVILLE, FL 32202 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: IRIEAL BYNES 07/28/2025

Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title MGR

Name BYNES, IRIEAL S

Address 2137 PHEONIX AVE JACKSONVILLE

**FLORIDA** 

City-State-Zip: JACKSONVILLE FL 32209

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: IRIEAL BYNES MGR 07/28/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date

Date

FILED Jul 28, 2025

**Secretary of State** 

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