

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000236654

**Entity Name:** CASHMERE BEAUTY STUDIO, LLC

**Current Principal Place of Business:**

2209 28TH ST NW  
WINTER HAVEN, FL 33881

**Current Mailing Address:**

2209 28TH ST NW  
WINTER HAVEN, FL 33881

**FEI Number: 85-2356802**

**Certificate of Status Desired: Yes**

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

VILLAFANE, CASHMERE  
2209 28TH ST NW  
WINTER HAVEN, FL 33881 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	Title	MGR
Name	VARGAS, ARLENE	Name	VILLAFANE, CASHMERE
Address	3236 BERWICK LANE	Address	3236 BERWICK LANE
City-State-Zip:	LAKELAND FL 33810	City-State-Zip:	LAKELAND FL 33810

*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: ARLENE VARGAS**

**MGR**

**04/27/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date