

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000272521

**Entity Name:** GMA LASHES LLC

**Current Principal Place of Business:**

3982 NW 19TH AVE  
OAKLAND PARK, FL 33309

**Current Mailing Address:**

3982 NW 19TH AVE  
OAKLAND PARK, FL 33309 US

**FEI Number:** 85-2962607

**Certificate of Status Desired:** No

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

GUIMARAENS, ARIEL  
3982 NW 19TH AVE  
OAKLAND PARK, FL 33309 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 GUIMARAENS, ARIEL  
Address 3982 NW 19TH AVE  
City-State-Zip: OAKLAND PARK FL 33309

Title MGR  
Name FAZZOLARI, AARAN  
Address 3982 NW 19TH AVE  
City-State-Zip: OAKLAND PARK FL 33309

*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:** ARIEL GUIMARAENS

**OWNER**

**02/06/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date