

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000309469

**Entity Name:** LASTING LASHES LLC

**Current Principal Place of Business:**

2956 JUNIPER LN  
DAVIE, FL 33330

**Current Mailing Address:**

2956 JUNIPER LN  
DAVIE, FL 33330

**FEI Number:** 85-3265185

**Certificate of Status Desired:** No

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

GIAN GORDON-WHYTE CPA LLC  
1 AEROPPOST WAY  
KIN 20835  
MIAMI, FL 33206 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 NAGRANI, ZARINA  
Address 2956 JUNIPER LN  
City-State-Zip: DAVIE FL 33330

*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:** NAGRANI , ZARINA

**MANAGER**

**03/17/2025**

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

\_\_\_\_\_  
Date