

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000279927

**Entity Name:** NINA LAUREN LASHES LLC

**Current Principal Place of Business:**

674 N UNIVERSITY DR  
SUITE 9  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

120 CITRUS PARK CIRCLE  
BOYNTON BEACH, FL 33436

**FEI Number:** 88-2932478

**Certificate of Status Desired:** No

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

VIDOT, NINA L  
120 CITRUS PARK CIRCLE  
BOYNTON BEACH, FL 33436 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           MANAGER  
Name           VIDOT, NINA LAUREN  
Address        120 CITRUS PARK CIRCLE  
City-State-Zip: BOYNTON BEACH FL 33436

*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:** NINA VIDOT \_\_\_\_\_

04/24/2023

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date