

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000527116

**Entity Name:** LALA LASH BY LYRAMIZ LLC

**Current Principal Place of Business:**

7726 WINEGARD  
SUITE 113  
ORLANDO, FL 32809

**Current Mailing Address:**

2950 SLOUGH CREEK DR  
KISSIMMEE, FL 34744 ES

**FEI Number:** 92-3645329

**Certificate of Status Desired:** Yes

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

MORALES RIVERA, LYRAMIZ I  
2950 SLOUGH CREEK DR  
KISSIMMEE, FL 34744 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 MORALES RIVERA, LYRAMIZ  
Address 2950 SLOUGH CREEK DR  
City-State-Zip: KISSIMMEE FL 34744

*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:** LYRAMIZ IVETTE MORALES RIVERA

04/24/2023

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

\_\_\_\_\_ Date