I hereby certify that the information indicated on this report or supplemental report is true and accurate a oath; that I am a managing member or manager of the limited liability company or the receiver or trusted		
that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE: LORENA PAOLA GAITAN PULIDO	MGR	11/29/2023

DOCUMENT# L22000330613	
Entity Name: FREEDOM EYELASHES AND SPA- LLC	

# **Current Principal Place of Business:**

623 S STATE ROAD 7 HOLLYWOOD, FL 33023

## **Current Mailing Address:**

623 S STATE ROAD 7 HOLLYWOOD, FL 33023 US

### FEI Number: 93-4616138

# Name and Address of Current Registered Agent:

FERNANDEZ, LUIS 4805 NW 79TH AVE SUITE 10 MIAMI, FL 33166 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: LUIS FERNANDEZ

Electronic Signature of Registered Agent

## Authorized Person(s) Detail :

Title MGR Name GAITAN PULIDO, LORENA PAOLA 10890 PERIWINKLE LN Address City-State-Zip: TAMARAC FL 33121

MGR

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT	FILED
DOCUMENT# L22000330613	Nov 29, 2023
Entity Name: FREEDOM EYELASHES AND SPA- LLC	Secretary of State 5923116469CC
	JJZJ11040300

Certificate of Status Desired: No

11/29/2023 Date

Date

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: LORENA PAOLA GAITAN PULIDO