

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000493423

**Entity Name:** ISHA BEAUTY AND WELLNESS LLC

**Current Principal Place of Business:**

31 ALMERIA AVE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

4880 W UNIVERSITY AVE B4  
LAS VEGAS, NV 89103 US

**FEI Number:** 92-1119560

**Certificate of Status Desired:** Yes

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

ALKRIAF, OSHRI  
888 BISCAYNE BLVD  
APT 5012  
MIAMI, FL 33132 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	AMBR	Title	AMBR
Name	ALKRIAF, OSHRI	Name	COHEN, NADAV
Address	PO BOX 11255	Address	601 NE 27TH ST 1004
City-State-Zip:	MIAMI FL 32132	City-State-Zip:	MIAMI FL 33137
Title	AMBR		
Name	BENGAYEV, SUZANA		
Address	1900 N BAYSHORE DR		
City-State-Zip:	MIAMI FL 33132		

*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:** OSHRI ALKRIAF

**MEMBER**

**03/26/2024**

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

\_\_\_\_\_  
Date