

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000180769

**Entity Name:** THE LASH MAMA LLC

**Current Principal Place of Business:**

2500 W LAKE MARY BLVD  
SUITE 101  
LAKE MARY, FL 32746

**Current Mailing Address:**

461 EL CAMINO DRIVE  
DELTONA, FL 32738 US

**FEI Number:** 85-2413117

**Certificate of Status Desired:** No

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

PONDER, JAYMME  
461 EL CAMINO DRIVE  
DELTONA, FL 32738 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 PONDER, JAYMME  
Address 461 EL CAMINO DRIVE  
City-State-Zip: DELTONA FL 32738

*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:** JAYMME PONDER

**MANAGER**

**02/17/2023**

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

\_\_\_\_\_  
Date