



Secretary of State  
 Corporation Division  
 255 Capitol Street NE, Suite 151  
 Salem, OR 97310-1327

Phone: (503) 986-2200  
 FAX: (503) 378-4381  
 sos.oregon.gov/business

**2024 ANNUAL REPORT**

Registry Number: 214719395  
 Date of Organization: 7/17/2023  
 Fee: \$100  
 Due Date: 7/17/2024  
 Type: DOMESTIC LIMITED LIABILITY COMPANY

000751

BICHOTA BEAUTY LLC  
 671 W CENTENNIAL BLVD  
 SPRINGFIELD OR 97477

FILED: JUN 25, 2024  
 OREGON SECRETARY OF STATE



214719395-26396667

BICHOTA BEAUTY LLC

RENANA

**Name of Domestic Limited Liability Company**

BICHOTA BEAUTY LLC

**Jurisdiction:** OREGON

The following information is required by statute. Please complete the information below. If any of the information is incorrect, you can make changes on this form. Failure to submit this Annual Report and fee by the due date may result in inactivation on our records.

**Registered Agent**

JENNIFER LOPEZ MENDEZ  
 671 W CENTENNIAL BLVD  
 SPRINGFIELD, OR 97477

If the Registered Agent has changed, the new agent has consented to the appointment. Oregon street address required.

1) **Type of Business** NAILS AND ESTHETIC SERVICES PREFORMED BY LICENSED INDIVIDUAL

2) **Principal Place of Business** (Address,city,state,zip)

671 W CENTENNIAL BLVD  
 SPRINGFIELD, OR 97477

3) **Mailing Address** (Address,city,state,zip)

671 W CENTENNIAL BLVD  
 SPRINGFIELD, OR 97477

4)  **Member** or  **Manager** (Name & Address)

JENNIFER LOPEZ-MENDEZ  
 671 W CENTENNIAL BLVD  
 SPRINGFIELD, OR 97477

5)  **Member** or  **Manager** (Name & Address)

JENNIFER LOPEZ-MENDEZ  
 671 W CENTENNIAL BLVD  
 SPRINGFIELD, OR 97477

**Execution:** I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any members, managers, employees or agents of the limited liability company on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

6) **Signature**

*Jennifer Lopez Mendez*

7) **Printed Name**

JENNIFER LOPEZ MENDEZ

8) **Date**

6/25/24

9) **Phone Number**

(541) 731-3449

**Make check payable to "Corporation Division" and mail completed form with payment to the address above.**

Note: Filing fees may be paid with a major credit card. Submit the card number and expiration date on a separate page for your protection.