

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000020765

**Entity Name:** SUNSTREAKS SALON LLC

**Current Principal Place of Business:**

14630 PALM BEACH BLVD  
STE 2  
FT MYERS, FL 33905

**Current Mailing Address:**

6250 NEAL RD  
FT MYERS, FL 33905

**FEI Number:** 80-0367126

**Certificate of Status Desired:** No

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

BLAKE, CELESTE  
6250 NEAL RD  
FT MYERS, FL 33905 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	Title	ASST. MGR
Name	BLAKE, CELESTE	Name	BLAKE, RANDY J
Address	6250 NEAL RD	Address	6250 NEAL RD
City-State-Zip:	FT MYERS FL 33905	City-State-Zip:	FT MYERS FL 33905

*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:** CELESTE BLAKE

**OWNER**

**02/14/2017**

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

\_\_\_\_\_  
Date