

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000103673

**Entity Name:** HA STYLE FOR LIVING LLC

**Current Principal Place of Business:**

13443 NE 17TH AVE  
NORTH MIAMI, FL 33181

**Current Mailing Address:**

13443 NE 17TH AVE  
NORTH MIAMI, FL 33181 US

**FEI Number:** 45-3211705

**Certificate of Status Desired:** Yes

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

DE LOS RIOS, JULIO CSR  
5743 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33021 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 ARELLANO, HECTOR  
Address 13443 NE 17TH AVE  
City-State-Zip: NORTH MIAMI FL 33181

*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:** HECTOR ARELLANO

MANAGING MEMBER

05/04/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date