

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000117096

**Entity Name:** A TOUCH OF COLOR HAIR SALON BY FRANCES PASTRANA, LLC

**FILED**  
**Apr 10, 2019**  
**Secretary of State**  
**7344014338CC**

**Current Principal Place of Business:**

1650 SAND LAKE RD.  
SUITE 110  
ORLANDO, FL 32809

**Current Mailing Address:**

1650 SAND LAKE RD.  
STE. 110  
ORLANDO, FL 32809 US

**FEI Number:** 45-3729454

**Certificate of Status Desired:** No

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

ECHEVARRIA, FRANCES  
1650 SAND LAKE RD.  
SUITE 110  
ORLANDO, FL 32809 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 ECHEVARRIA, FRANCES  
Address PO BOX 621461  
City-State-Zip: ORLANDO FL 32862

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:** FRANCES ECHEVARRIA

**OWNER**

**04/10/2019**

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

\_\_\_\_\_  
Date