

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000010641

**Entity Name:** VIVID GLAM LLC

**Current Principal Place of Business:**

6412 QUEENS BOROUGH AVENUE  
#216  
ORLANDO, FL 32835

**Current Mailing Address:**

PO BOX 618342  
ORLANDO, FL 32861 US

**FEI Number:** 45-4021438

**Certificate of Status Desired:** No

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

FOSTER, TAMIKO A  
6412 QUEENS BOROUGH AVENUE  
216  
ORLANDO, FL 32835 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 MGRM  
Name FOSTER, TAMIKO A  
Address 6412 QUEENS BOROUGH AVENUE  
APT #216  
City-State-Zip: ORLANDO FL 32835

Title MGRM  
Name LACOUR, ALLISON B  
Address 627 SPICE TRADER WAY APT G  
City-State-Zip: ORLANDO FL 32818

*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:** TAMIKO FOSTER

**MGRM**

**04/30/2014**

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

\_\_\_\_\_  
Date