

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000026458

**FILED**  
**Apr 30, 2018**  
**Secretary of State**  
**CC8498802418**

**Entity Name:** COMME CA DOIT FASHION DESIGN, BEAUTY SUPPLY & MULTI SERVICES, LLC

**Current Principal Place of Business:**

4030 TAMIAMI TRAIL  
SUITE D  
PORT CHARLOTTE, FL 33952

**Current Mailing Address:**

4030 TAMIAMI TRAIL  
SUITE D  
PORT CHARLOTTE, FL 33952 US

**FEI Number: 45-4631335**

**Certificate of Status Desired: No**

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

BENOIT, EDMOND  
4030 TAMIAMI TRAIL  
SUITE D  
PORT CHARLOTTE, FL 33952 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: EDMOND BENOIT**

**04/30/2018**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name BENOIT, EDMOND  
Address 4030 TAMIAMI TRAIL  
SUITE D  
City-State-Zip: PORT CHARLOTTE FL 33952

Title MGR  
Name BENOIT, IMA  
Address 4030 TAMIAMI TRAIL  
SUITE D  
City-State-Zip: PORT CHARLOTTE FL 33952

Title MGR  
Name BENOIT, STEENA MURLY  
Address 4030 TAMIAMI TRAIL  
SUITE D  
City-State-Zip: PORT CHARLOTTE FL 33952

Title AUTHORIZED MEMBER  
Name BENOIT, MEGAN MAILY  
Address 4030 TAMIAMI TRAIL  
SUITE D  
City-State-Zip: PORT CHARLOTTE FL 33952

Title AUTHORIZED MEMBER  
Name SANON, STEPHANIE  
Address 4030 TAMIAMI TRAIL  
SUITE D  
City-State-Zip: PORT CHARLOTTE FL 33952

*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: EDMOND BENOIT**

**MGRM**

**04/30/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date