

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000043401

Entity Name: A WOMAN'S TOUCH BY CHRISTY LLC.

Current Principal Place of Business:

990 CAMPELLO STREET
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

POST OFFICE BOX 1794
CASSELBERRY, FL 32718

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROMAN, VICTORIA A
990 CAMPELLO STREET
ALTAMONTE SPRINGS, FL 32701 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 KEIKES, CHRISTY M
Address 240 VILLA DI ESTE TERR
204
City-State-Zip: LAKE MARY FL 32746

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: CHRISTY KEIKES

MGRM

04/06/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date