

**2014 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

04/21/2014

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

\_\_\_\_\_ Date