

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000086774

**Entity Name:** AXELBAND ACCESSORIES, LLC

**Current Principal Place of Business:**

6230 SW 24TH PL  
APT # 104  
DAVIE, FL 33314

**Current Mailing Address:**

6230 SW 24TH PL  
APT # 104  
DAVIE, FL 33314 US

**FEI Number:** 45-5610136

**Certificate of Status Desired:** Yes

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

BALLESTEROS, AXEL  
6230 SW 24TH PL  
APT # 104  
DAVIE, FL 33314 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 BALLESTEROS, AXEL  
Address 5306 NE 6TH AVE APT D  
City-State-Zip: OAKLAND PARK FL 33334

*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:** AXEL BALLESTEROS

**MANAGER MEMBER**

**04/06/2016**

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

\_\_\_\_\_  
Date