

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000161228

**Entity Name:** VICTORIAS PLACE OF BEAUTY L.L.C.

**Current Principal Place of Business:**

1475 W OKEECHOBEE RD  
SUITE 6  
HIALEAH, FL 33010

**Current Mailing Address:**

1475 W OKEECHOBEE RD  
SUITE 6  
HIALEAH, FL 33010

**FEI Number:** 46-1640353

**Certificate of Status Desired:** No

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

ECHEVARRIA, YUNIOR  
5020 JONES DR  
LEHIGH ACRES, FL 33973 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           MANAGING MEMBER  
Name           LECLAIR, VICTORIA B  
Address        134 EDGEWOOD CT  
City-State-Zip: EATONTON GA 31024

*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:** VICTORIA LECLAIR

**OWNER**

**03/31/2015**

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

\_\_\_\_\_  
Date