

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000087076

**Entity Name:** FLAUNT RETAIL, L.L.C.

**Current Principal Place of Business:**

491 NORTH STATE ROAD 434  
#135  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

491 NORTH STATE ROAD 434  
#135  
ALTAMONTE SPRINGS, FL 32714

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

KRISTIN, HARRINGTON  
521 LAKE COMO CIRCLE  
ORLANDO, FL 32803 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	Title	MGRM
Name	KRISTIN, HARRINGTON	Name	AMY, MORRISON R
Address	521 LAKE COMO CIRCLE	Address	901 OAKWOOD CV
City-State-Zip:	ORLANDO FL 32803	City-State-Zip:	ALTAMONTE SPRINGS FL 32714

*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:** KRISTIN HARRINGTON

MGRM

04/26/2014

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

\_\_\_\_\_  
Date