

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000141030

**Entity Name:** PURE ILLUSIONS, LLC

**Current Principal Place of Business:**

713 NE 7 STREET  
APT# 110  
HALLANDALE, FL 33009

**Current Mailing Address:**

713 NE 7 STREET  
APT# 110  
HALLANDALE, FL 33009 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

LEBRON, MARIA  
713 NE 7 STREET  
APT# 110  
HALLANDALE, FL 33009 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 LEBRON, MARIA  
Address 713 NE 7 STREET APT# 110  
City-State-Zip: HALLANDALE FL 33009

*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:** MARIA LEBRON

MGRM

04/30/2014

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

\_\_\_\_\_  
Date