## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000172542

Entity Name: BLOOM HAIR SPA LLC

**Current Principal Place of Business:** 

16681 MCGREGOR BLVD

204 FT MYERS, FL 33908

## **Current Mailing Address:**

1136 NE PINE ISLAND RD **TAXTOWN SUITE 9/10** CAPE CORAL, FL 33909 US

FEI Number: 46-4589330 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

MADIA, JOSEPH 1136 NE PINE ISLAND RD **TAXTOWN SUITE 9/10** CAPE CORAL, FL 33909 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

**FILED** Apr 21, 2015

**Secretary of State** 

CC8340082295

## Authorized Person(s) Detail:

Title

Name KENNEDY, MARISSA 14718 CALUSA PALMS DR Address

City-State-Zip: FT MYERS FL 33919

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.

04/21/2015 SIGNATURE: MARISSA KENNEDY **MEMBER**