

**2016 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

**Authorized Person(s) Detail :**

Title MGR  
Name KENNEDY, MARISSA  
Address 14718 CALUSA PALMS DR  
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.*

**SIGNATURE:** MARISSA KENNEDY

MGR

05/04/2016

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

\_\_\_\_\_  
Date