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: SANDRA M MONSALVE Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L14000023473

Entity Name: AQUA SALON FOR MEN AND WOMEN LLC

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

3585 MYSTIC POINTE DR AVENTURA, FL 33180

Current Mailing Address:

3585 MYSTIC POINTE DR AVENTURA, FL 33180 US

FEI Number: 46-4808705

Name and Address of Current Registered Agent:

TORO, FERDINAND 19900 E COUNTRY CLUB DR APT 218 AVENTURA, FL 33180 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: TORO FERDINAND

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MMBR
Name	MONSALVE, SANDRA M
Address	20030 NE 6 COURT CIR
City-State-Zip:	MIAMI FL 33179

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

PRESIDENT

Certificate of Status Desired: No

of Florida

02/24/2016 Date

FILED Feb 24, 2016 Secretary of State CC0386992011

02/24/2016 Date