

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000140215

**Entity Name:** BLANK GIFTSHOP, LLC

**Current Principal Place of Business:**

1560 SOUTH DIXIE HWY  
SUITE 104  
CORAL GABLES, FL 33146

**Current Mailing Address:**

1560 SOUTH DIXIE HWY  
SUITE 104  
CORAL GABLES, FL 33146 US

**FEI Number:** 47-1803904

**Certificate of Status Desired:** No

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

REYES, PAOLA  
1560 SOUTH DIXIE HWY  
SUITE 104  
CORAL GABLES, FL 33146 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 PAOLA, REYES  
Address 300 HARBOR DR  
City-State-Zip: KEY BISCAYNE FL 33149

*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:** PAOLA REYES

**MANAGER**

**04/06/2016**

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

\_\_\_\_\_  
Date