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.

MGRM

SIGNATURE: ANNABELLE ABRAND Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: BADREANNA RETAIL CONCEPT LLC

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business: 4500 SE PINE VALLEY ST PORT SAINT LUCIE, FL 34952

Current Mailing Address:

4500 SE PINE VALLEY ST PORT SAINT LUCIE, FL 34952 US

FEI Number: 32-0465407

Name and Address of Current Registered Agent:

ELMALEH, VANESSA 407 LINCOLN RD 12F MIAMI, FL 33139 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

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	ABRAND, ANNABELLE	Name	MORSLI, BADR
Address	407 LINCOLN RD #12F	Address	407 LINCOLN RD
City-State-Zip:	MIAMI FL 33139	City-State-Zip:	MIAMI FL 33139

FILED Apr 25, 2017 Secretary of State CC3845183146

Certificate of Status Desired: No

Date

Date

04/25/2017