

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000145650

Entity Name: LIANA'S BOUTIQUE LLC**Current Principal Place of Business:**643NW 21AVE ATLANTIC BLVD
POMPANO BEACH, FL 33069**Current Mailing Address:**643 NW 21 AVE ATLANTIC BLVD
POMPANO BEACH, FL 33069**FEI Number:** 81-3446245**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**EUREKA PARALEGAL
643 NW 21 AVE ATLANTIC BLVD
POMPANO BEACH, FL 33069 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:** DESLIENS NICOLAS

04/28/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT
Name DESLIENS, LILIANNE
Address 643 NW 21 AVE ATLANTIC BLVD
City-State-Zip: POMPANO BEACH FL 33069

Title VP
Name DESLIENS, JOUVETTE
Address 643 NW 21ST AVE
City-State-Zip: POMPANO BEACH FL

Title SECRETARY
Name DESLIENS, FALLIERES
Address 643 NW 21ST AVE
City-State-Zip: POMPANO BEACH FL 33069

Title TREASURER
Name DESLIENS, ANELIA
Address 643 NW 21ST AVE
City-State-Zip: POMPANO BEACH FL 33069

Title ASST. TREASURER
Name DESLIENS, WILHELM N KANT
Address 643 NW 21ST AVE
City-State-Zip: POMPANO BEACH FL 33069

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: DESLIENS, LILIANNE

PRESIDENT

04/28/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date