

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000115017

**Entity Name:** FEEL GOOD SALONS COMPANY, LLC

**Current Principal Place of Business:**

630 TIMBERVALE TRAIL  
CLERMONT, FL 34715

**Current Mailing Address:**

630 TIMBERVALE TRAIL  
CLERMONT, FL 34715 US

**FEI Number:** 82-2144687

**Certificate of Status Desired:** No

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

BRET JONES, PA  
700 ALMOND STREET  
CLERMONT, FL 34711 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 ALVAREZ, LILIO ANTONIO  
Address 630 TIMBERVALE TRAIL  
City-State-Zip: CLERMONT FL 34715

Title MGR  
Name ALVAREZ, YESENIA  
Address 630 TIMBERVALE TRAIL  
City-State-Zip: CLERMONT FL 34715

Title MGR  
Name ALVAREZ, LILIO ANDRES  
Address 630 TIMBERVALE TRAIL  
City-State-Zip: CLERMONT FL 34715

Title MGR  
Name ALVAREZ, EMILIO A  
Address 630 TIMBERVALE TRAIL  
City-State-Zip: CLERMONT FL 34715

*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:** LILIO ANTONIO ALVAREZ

MANAGER/MEMBER

03/28/2018

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

\_\_\_\_\_ Date