

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000145997

**Entity Name:** HER BLUE DREAMZ LLC

**Current Principal Place of Business:**

513 SW 10TH STREET  
# 1  
HALLANDALE, FL 33009

**Current Mailing Address:**

513 SW 10TH STREET  
# 1  
HALLANDALE, FL 33009 US

**FEI Number:** 82-2237176

**Certificate of Status Desired:** No

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

BOBBIT, NATASHA  
513 SW 10TH STREET  
# 1  
HALLANDALE, FL 33009 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 BOBBIT, NATASHA  
Address 513 SW 10TH STREET # 1  
City-State-Zip: HALLANDALE FL 33009

*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:** NATASHA BOBBITT

04/30/2018

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

\_\_\_\_\_  
Date