

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000253450

**Entity Name:** COLLATERAL BEAUTY LLC

**Current Principal Place of Business:**

10955 LOST LAKE DRIVE  
#101  
NAPLES, FL 34105

**Current Mailing Address:**

10955 LOST LAKE DRIVE  
#101  
NAPLES, FL 34105

**FEI Number:** 82-3671875

**Certificate of Status Desired:** Yes

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

JACOBSON, LINDSEY G  
10955 LOST LAKE DRIVE  
#101  
NAPLES, FL 34105 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 AR  
Name JACOBSON, LINDSEY G  
Address 10955 LOST LAKE DRIVE #101  
City-State-Zip: NAPLES FL 34105

Title MGR  
Name JACOBSON, LINDSEY G  
Address 10955 LOST LAKE DRIVE #101  
City-State-Zip: NAPLES FL 34105

Title AMBR  
Name JACOBSON, LINDSEY G  
Address 10955 LOST LAKE DRIVE #101  
City-State-Zip: NAPLES FL 34105

*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:** LINDSEY JACOBSON

**OWNER**

**01/09/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date