

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000293539

**Entity Name:** COUTURE SALON, LLC

**Current Principal Place of Business:**

400 FL-436  
#106  
CASSELBERRY, FL 32707

**Current Mailing Address:**

400 FL-436  
#106  
CASSELBERRY, FL 32707 US

**FEI Number:** 84-3821270

**Certificate of Status Desired:** No

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

MITCHELL, TIFFANY  
3423 FALLING ACORN CIRCLE  
LAKE MARY, FL 32746 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            OWNER  
Name            MITCHELL, TIFFANY MARIE  
Address        400 FL-436  
                  #106  
City-State-Zip: CASSELBERRY FL 32707

*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:** TIFFANY MITCHELL

**OWNER**

**03/17/2020**

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

\_\_\_\_\_  
Date