

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90257 029 ****50.00

DOCUMENT # L00000014562

1. Entity Name

D'GRACE PELUQUERIA LLC

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80102510

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6113 S.W. 8 Street

Suite, Apt. #, etc.

3. Mailing Address
6317 S.W. 11 Street

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number
65-1111771

Applied For
Not Applicable

Zip
33144

Country
Miami-Dade

Zip
33144

Country
Miami-Dade

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ALTAGRACIA O DE LOS SANTOS

Street Address (P.O. Box Number is Not Acceptable)
15850 S.W. 105 Court

Miami, Florida 33157

City
FL Zip Code

8. 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
Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Altagracia o. De Los Santos
15850 S.W. 105 Court
Miami, Florida 33157

TITLE
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CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:  Altagracia O. De Los Santos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)