

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000114283

**Entity Name:** DIOVALIQUE WORLD OF BEAUTY LLC

**Current Principal Place of Business:**

2518 1/2 N ALBANY AVE  
TAMPA, FL 33607

**Current Mailing Address:**

2518 1/2 N ALBANY AVE  
TAMPA, FL 33607 US

**FEI Number:** 27-1285507

**Certificate of Status Desired:** No

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

OLIVER, PEARL  
4813 BRISTOL BAY WAY  
304  
TAMPA, FL 33619 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 MGRM  
Name OLIVER, PEARL D  
Address 2518 1/2 N ALBANY AVE  
City-State-Zip: TAMPA FL 33607

*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:** PEARL OLIVER

**MANAGER**

**04/16/2014**

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

\_\_\_\_\_  
Date