

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000070310

**Entity Name:** REMADE BRIDESMAID, LLC

**Current Principal Place of Business:**

485 BRICKELL AVENUE  
APT 3510  
MIAMI, FL 33131

**FILED**  
**Jan 07, 2014**  
**Secretary of State**  
**CC3763191749**

**Current Mailing Address:**

485 BRICKELL AVENUE  
APT 3510  
MIAMI, FL 33131 US

**FEI Number:** 32-0351474

**Certificate of Status Desired:** Yes

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

SAVIN, RISHONA  
19500 TURNBERRY WAY  
APT 27 DE  
AVENTURA, FL 33180 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 ELWORTHY, ALISON  
Address 682 TREMONT STREET, #2  
City-State-Zip: BOSTON MA 02118

Title MGRM  
Name CONNOLLY, CATIE  
Address 668 IRWIN PLACE  
City-State-Zip: ATLANTA GA 30312

Title MGRM  
Name MALVIN, TAMARA  
Address 485 BRICKELL AVENUE  
APT 3510  
City-State-Zip: MIAMI FL 33131

*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:** TAMARA MALVIN

**MGRM**

**01/07/2014**

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

\_\_\_\_\_  
Date