

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000136389

Entity Name: EILEENONSTYLE LLC

Current Principal Place of Business:

1819 ALPINE DR
NAVARRE, FL 32566

Current Mailing Address:

5373 LONGHORN TRAIL
GULF BREEZE, FL 32563 US

FEI Number: 45-3960349

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ENOS, EILEEN K
1819 ALPINE DR
NAVARRE, FL 32566 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 MGR
Name ENOS, EILEEN
Address 1819 ALPINE DR
City-State-Zip: NAVARRE FL 32566

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: EILEEN ENOS

OWNER

04/30/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date