

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000059313

**Entity Name:** BLOW DRY BAR LLC

**Current Principal Place of Business:**

2263 S.W. 37 AVE. STE. 113  
CORAL GABLES, FL 33145

**Current Mailing Address:**

19311 CHRISTMASS ROAD  
CUTLER BAY, FL 33157 US

**FEI Number:**

**Certificate of Status Desired:** No

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

CASTILLO, SILVANA D  
19311 CHRISTMASS ROAD  
CUTLER BAY, FL 33157 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 CASTILLO, SILVANA D  
Address 19311 CHRISTMASS ROAD  
City-State-Zip: CUTLER BAY FL 33157

Title MGRM  
Name CASTILLO, SILVANA D OWNER  
Address 19311 CHRISTMAS ROAD  
City-State-Zip: CUTLER BAY FL 33157

*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:** SILVANA CASTILLO

**OWNER**

**02/16/2016**

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

\_\_\_\_\_  
Date