

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000119242

**Entity Name:** ABSOLUTE BODY WAXING & SPA,LLC

**Current Principal Place of Business:**

505 N. PARK AVE.  
#205  
WINTER PARK, FL 32789

**Current Mailing Address:**

505 N. PARK AVE.  
#205  
WINTER PARK, FL 32789 US

**FEI Number:** 47-1465588

**Certificate of Status Desired:** No

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

PIERRE, CLAUDIA  
505 N. PARK AVE.  
#205  
WINTER PARK, FL 32789 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 PIERRE, CLAUDIA  
Address 2364 BEXLEY DRIVE  
City-State-Zip: TAVARES FL 32778

Title MGRM  
Name IVANOVA, ANASTASIA  
Address 5270 CORAL CT  
City-State-Zip: ORLANDO FL 32811

*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:** ANASTASIA IVANOVA

**OWNER**

**03/30/2019**

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

\_\_\_\_\_  
Date