

**2015 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  
222 LOVELL LANE  
APOPKA, FL 32703 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	Title	MGRM
Name	PIERRE, CLAUDIA	Name	IVANOVA, ANASTASIA
Address	222 LOVELL LANE	Address	6404 RALEIGH ST., #2314
City-State-Zip:	APOPKA FL 32703	City-State-Zip:	ORLANDO FL 32835

*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**

**03/17/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date