# 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

SIGNATURE: RAQUEL FERNANDEZ TOSADO

#### 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L15000078379

Entity Name: RAQUEL'S HAIR & NAIL STUDIO, LLC

## **Current Principal Place of Business:**

325 SOUTH DIXIE HIGHWAY WEST PALM BEACH. FL 33401

## **Current Mailing Address:**

325 SOUTH DIXIE HIGHWAY WEST PALM BEACH. FL 33401 US

## FEI Number: 47-3917035

### Name and Address of Current Registered Agent:

RAQUEL, FERNANDEZ TOSTADO 325 SOUTH DIXIE HIGHWAY WEST PALM BEACH, FL 33401 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	RAQUEL FERNANDEZ TOSTADO			04/27/2018
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	AUTHORIZED MEMBER	
Name	FERNANDEZ TOSADO, RAQUEL	Name	VAGLINI, CINDY	
Address	325 SOUTH DIXIE HIGHWAY	Address	325 SOUTH DIXIE HIGHWAY	
City-State-Zip:	WEST PALM BEACH FL 33401	City-State-Zip:	WEST PALM BEACH FL 3340	1

that my name appears above, or on an attachment with all other like empowered. 04/27/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Apr 27, 2018 Secretary of State CC1073603003

Certificate of Status Desired: No

PRESIDENT