

2016 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L15000189765

Entity Name: VOLUPTUOUS SWIMSUITS LLC**Current Principal Place of Business:**4975 COLBIA DRIVE SE, APT. B
ST. PETERSBURG, FL 33705**Current Mailing Address:**4975 COLBIA DRIVE SE, APT. B
ST. PETERSBURG, FL 33705 US**FEI Number:** 81-1622438**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BIANCARDI BOLAND, REBECCA
4975 COLBIA DRIVE SE, APT. B
ST. PETERSBURG, FL 33705 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	AMBR
Name	BIANCARDI, CARMINE
Address	UNIT 204 PALM CAY, YAMACRAW HILL RD.
City-State-Zip:	NASSAU, BAHAMAS OC 0000

Title	AMBR
Name	VOLUPTUOUS INC
Address	UNIT 204 PALM CAY, YAMACRAW HILL RD.
City-State-Zip:	NASSAU, BAHAMAS OC 0000

Title	AMBR
Name	AMMON, SARA
Address	UNIT 204 PALM CAY, YAMACRAW HILL RD.
City-State-Zip:	NASSAU, BAHAMAS OC 0000

Title	AMBR
Name	BIANCARDI, REBECCA MARIA
Address	5122 WOODMERE DR. 302
City-State-Zip:	CENTREVILLE VA 20121

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: SARA AMMON

AMBR

05/18/2016

Electronic Signature of Signing Authorized Person(s) Detail_____
Date