#### that my name appears above, or on an attachment with all other like empowered. 06/29/2020 SIGNATURE: JEFF SAGORAC MANAGING MEMBER

Electronic Signature of Signing Authorized Person(s) Detail

# DOCUMENT# L06000035076

Entity Name: CRE8 SALON & SPA, LLC

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

814 SW PINE ISLAND ROAD CAPE CORAL, FL 33991

### **Current Mailing Address:**

814 SW PINE ISLAND ROAD CAPE CORAL, FL 33991

# FEI Number: 20-4711960

# Name and Address of Current Registered Agent:

SAGORAC, JEFF 2627 SW 4TH LANE CAPE CORAL, FL 33991 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

#### Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	MORENO, MARCELA	Name	SAGORAC, JEFF
Address	2627 SW 4TH LANE	Address	2627 SW 4TH LANE
City-State-Zip:	CAPE CORAL FL 33991	City-State-Zip:	CAPE CORAL FL 33991

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

Date

# FILED Jun 29, 2020 Secretary of State 9737033030CC

Date

Certificate of Status Desired: No