

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000106799

Entity Name: SALON PS FLORIDA LLC

Current Principal Place of Business:

15 1/2 NORTH FRANKLIN STREET
CHAGRIN FALLS, OH 44022

Current Mailing Address:

15 1/2 NORTH FRANKLIN STREET
CHAGRIN FALLS, OH 44022

FEI Number: 27-4066849

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	MGR
Name	SALON PS, LLC	Name	POLATZ, JOHN
Address	15 1/2 NORTH FRANKLIN STREET	Address	15 1/2 NORTH FRANKLIN STREET
City-State-Zip:	CHAGRIN FALLS OH 44022	City-State-Zip:	CHAGRIN FALLS OH 44022

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN POLATZ

CEO

04/15/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date