

**2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000106799

**Entity Name:** SALON PS FLORIDA LLC

**Current Principal Place of Business:**

55 PUBLIC SQUARE  
SUITE 1180  
CLEVELAND, OH 44113

**Current Mailing Address:**

55 PUBLIC SQUARE  
SUITE 1180  
CLEVELAND, OH 44113 US

**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:** RANAE LEWIS

02/22/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGR
Name	SALON PS, LLC	Name	POLATZ, JOHN
Address	55 PUBLIC SQUARE SUITE 1180	Address	55 PUBLIC SQUARE SUITE 1180
City-State-Zip:	CLEVELAND OH 44113	City-State-Zip:	CLEVELAND OH 44113

*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:** RANAE LEWIS

VP FINANCE

02/22/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date