

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000078159

**Entity Name:** SALON RX, LLC

**Current Principal Place of Business:**

1663-4 RUSSELL ROAD  
MIDDLEBURG, FL 32068

**Current Mailing Address:**

1663-4 RUSSELL ROAD  
MIDDLEBURG, FL 32068 US

**FEI Number: 36-4596646**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

REBAR, SHARON V  
2706 ARCHER STREET  
MIDDLEBURG, FL 32068 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  
Name REBAR, SHARON V  
Address 2706 ARCHER STREET  
City-State-Zip: MIDDLEBURG FL 32068

*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: SHARON V. REBAR**

**SOLE PROPRIETOR**

**04/16/2014**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date