

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000101691

**Entity Name:** SALONZ PEMBROKE PINES LLC

**Current Principal Place of Business:**

15871 PINES BOULEVARD  
PEMBROKE PINES, FL 33027

**Current Mailing Address:**

PO BOX 327744  
FORT LAUDERDALE, FL 33332

**FEI Number:** 45-3504102

**Certificate of Status Desired:** No

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

DE LEON, KIRK ESQ  
66 WEST FLAGLER STREET  
SUITE 800  
MIAMI, FL 33130 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 MGR  
Name FINER, MARC  
Address 15871 PINES BOULEVARD  
City-State-Zip: PEMBROKE PINES FL 33027

*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:** MARC FINER

MGR

03/08/2015

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

\_\_\_\_\_  
Date