

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000061475

**Entity Name:** SALONZ WEST BOCA, L.L.C.

**Current Principal Place of Business:**

44 WEST FLAGLER STREET  
COURTHOUSE TOWER SUITE 2250  
MIAMI, FL 33130

**Current Mailing Address:**

P.O. BOX 327341  
FT. LAUDERDALE, FL 33332 US

**FEI Number:** 46-0791627

**Certificate of Status Desired:** No

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

DE LEON, KIRK ESQ.  
44 WEST FLAGLER ST.  
SUITE 2250  
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 SUITE MANAGEMENT SOLUTIONS  
LLC  
Address PO BOX 327343  
City-State-Zip: FT LAUDERDALE FL 33332

*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

02/27/2024

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

\_\_\_\_\_ Date