| Current Prin 6325 S. ELM BURR RIDGE, | icipal Place of Business: | | 2735026 | 95700 |
|--|--|-----------------|-------------------------|------------|
| Current Mai | ling Address: | | | |
| 6325 S. ELM BURR RIDG | I ST. E, IL 60527 US | | | |
| FEI Number: 46-2771943 Certificate of Status Des | | | | red: No |
| Name and Address of Current Registered Agent: | | | | |
| JORGENSEN, DEREK M 4400 PGA BLVD SUITE 603 PALM BEACH GARDENS, FL 33410 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: DEREK M JORGENSEN | | | | 01/08/2021 |
| | Electronic Signature of Registered Agent | | | Date |
| Authorized Person(s) Detail : | | | | |
| Title | MGR | Title | MGR | |
| Name | SANTACATERINA, MURIEL P | Name | SANTACATERINA, DONALD L | |
| Address | 6325 S. ELM ST | Address | 6325 S. ELM ST | |
| City-State-Zip: | BURR RIDGE IL 60527 | City-State-Zip: | BURR RIDGE IL 60527 | |

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: A SUITE SALON FRANCHISE CO, LLC

DOCUMENT# L13000055428

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: DONALD L SANTACATERINA MGR 01/08/2021

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 08, 2021 Secretary of State 2735028957CC