## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000143640 Entity Name: MY SALON LLC

**Current Principal Place of Business:** 

8244 NECTAR RIDGE COURT ODESSA, FL 33556

**Current Mailing Address:** 

8244 NECTAR RIDGE COURT ODESSA, FL 33556 US

FEI Number: 47-1851052 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

VELEZ, DENNISSE 8244 NECTAR RIDGE COURT ODESSA, FL 33556 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

**FILED** Apr 30, 2015

**Secretary of State** 

CC8161712485

## Authorized Person(s) Detail:

Title **AMBR** 

Name VELEZ, DENNISSE

Address 8244 NECTAR RIDGE COURT

City-State-Zip: ODESSA FL 33556

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: DENNISSE VELEZ Electronic Signature of Signing Authorized Person(s) Detail 04/30/2015

Date