

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000060976

**Entity Name:** SALONPLEX CF LLC

**Current Principal Place of Business:**

4460 FOWLER STREET  
#3  
FORT MYERS, FL 33901

**Current Mailing Address:**

16230 SUMMERLIN RD #208  
FORT MYERS, FL 33908 US

**FEI Number:** 35-2588253

**Certificate of Status Desired:** No

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

SALONPLEX HOLDINGS, LLC  
16230 SUMMERLIN RD #208  
FORT MYERS, FL 33908 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 BISHOP

04/10/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name SALONPLEX HOLDINGS, LLC  
Address 16230 SUMMERLIN RD  
#208  
City-State-Zip: FORT MYERS FL 33908

*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:** SALONPLEX HOLDINGS, LLC

A MEMBER

04/10/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date