

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000139337

**Entity Name:** C & S SALON SPA LLC

**Current Principal Place of Business:**

955 NE 8TH AVENUE  
UNIT B  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

955 NE 8TH AVENUE  
UNIT B  
DELRAY BEACH, FL 33483

**FEI Number:** 83-0848442

**Certificate of Status Desired:** No

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

ROBERT S. FORMAN, P. A.  
8201 PETERS ROAD  
SUITE 1000  
FORT LAUDERDALE, FL 33324 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 VESCOVA, CHRISTINE  
Address 955 NE 8TH AVENUE, UNIT B  
City-State-Zip: DELRAY BEACH FL 33483

*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:** CHRISTINE VESCOVA

**MANGER**

**04/08/2019**

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

\_\_\_\_\_  
Date