

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000226831

**Entity Name:** SALTY WAVES SALON AND SPA, LLC

**Current Principal Place of Business:**

13435 S MCCALL RD  
UNIT 7  
PORT CHARLOTTE, FL 33981

**Current Mailing Address:**

13435 S MCCALL RD  
UNIT 7  
PORT CHARLOTTE, FL 33981 US

**FEI Number:** 93-1456485

**Certificate of Status Desired:** No

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

MURTHA, CHRIS  
2800 PLACIDA RD  
SUITE 109  
ENGLEWOOD, FL 34224 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 MURTHA, CRISTINE  
Address 13435 S MCCALL RD  
UNIT 7  
City-State-Zip: PORT CHARLOTTE FL 33981

Title MGR  
Name LAWRENCE, STEPHANIE  
Address 13435 S MCCALL RD  
UNIT 7  
City-State-Zip: PORT CHARLOTTE FL 33981

*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:** CRISTINE MURTHA

**MANAGER**

**01/24/2024**

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

\_\_\_\_\_  
Date