

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000022347

**FILED**  
**Feb 29, 2012**  
**Secretary of State**

**Entity Name:** SALON SUPPLEMENTS LLC

**Current Principal Place of Business:**

12 NE 4TH AVE  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

12 NE 4TH AVE  
DELRAY BEACH, FL 33483

**New Mailing Address:**

**FEI Number:** 27-5152874

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DELGADO, ANGELA  
665 SE 10TH STREET  
201  
DEERFIELD BEACH, FL 33441 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** DEROSA, PETER  
**Address:** 12 NE 4TH AVE  
**City-St-Zip:** DELRAY BEACH, FL 33483

**Title:** MGRM  
**Name:** HASCHE, MARK  
**Address:** 12 NE 4TH AVE  
**City-St-Zip:** DELRAY BEACH, FL 33483

**Title:** MGRM  
**Name:** LICHTENSTEIN, ERIN  
**Address:** 2335 NW 59TH STREET  
**City-St-Zip:** BOCA RATON, FL 33496

I hereby certify that the information indicated on this 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 608, Florida Statutes.

**SIGNATURE:** DEROSA PETER

MGRM

02/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date