

U14000012153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

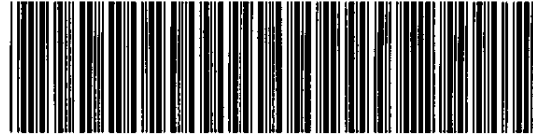
(Business Entity Name)

(Document Number)

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FILED  
14 JUN 11 10:11  
FALLAPPAH, FLORIDA

*LC*  
*R/A Chg*

JUN 13 2014

R. WHITE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 19, 2014

BARRY YURMAN  
2461 NW 64 ST  
BOCA RATON, FL 33496

SUBJECT: SOUTHEAST SALON SERVICES LLC  
Ref. Number: L14000012153

We have received your document for SOUTHEAST SALON SERVICES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted the wrong form.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist II

Letter Number: 514A00010783

RECEIVED  
14 JUN 12 AM 11:35  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SOUTHEAST SALON SERVICES LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BARRY YURMAN  
Name of Person

SOUTHEAST SALON SERVICES  
Firm/Company

1200 N. FEDERAL HWY SUITE 200  
Address

BOCA RATON FL 33432  
City/State and Zip Code

barry@SOUTHEASTSALONSERVICES.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BARRY YURMAN at (561) 235-1377  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: SOUTHEAST SALON SERVICES LLC

2. (a) 1200 N. Federal Hwy Suite 200 Boca Raton FL (b) \_\_\_\_\_  
Principal office address of limited liability company: 33432 Mailing address of limited liability company: \_\_\_\_\_  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 1/22/2014 Date of filing/registration in Florida 4. L141000012153 Document number

5. (a) ALAN HAGLER  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

7300 SARIMICUTO PLACE  
Delray Beach, FL 33446

(b) BARRY YURMAN  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

2461 NW 64th STREET  
NEW Registered Office Address:

Boca Raton, FL 33496

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature] Signature of a member or authorized representative of a member 6/10/14 Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature] Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00