

L22000474237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

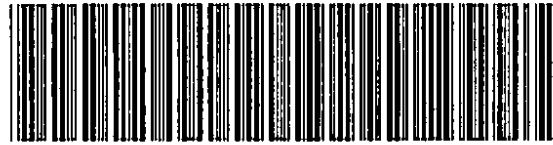
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2022 OCT 31 PM 12:02

CD

**Salon Sararo LLC  
2220 Logan Blvd. N Ste 801  
Naples, FL 34119  
239-880-2220**

October 28, 2022

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Salon Sararo LLC  
L19000262239

Dear Ladies and Gentlemen,

This letter is to inform you that we are releasing the name Salon Sararo LLC and we have no intention of reinstating as a new LLC.

We respectfully request that you update your records accordingly. If you have any further questions, please feel free to call my office at 239-880-2220.

We are making application as a new LLC in the State of Florida. Please see the enclosed application along with the appropriate filing fee.

Sincerely,



Alfredo J. Sararo  
Managing Member

Enclosures

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CLD

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT: SALAON SARARO LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHELE M HOOVER

\_\_\_\_\_  
Name of Person

SOLOMON & HOOVER CPAS PLLC

\_\_\_\_\_  
Firm/Company

1342 COLONIAL BLVD STE B-11

\_\_\_\_\_  
Address

FORT MYERS, FLORIDA 33907

\_\_\_\_\_  
City/State and Zip Code

MHOOVER@SOLOMONHOOVER.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHELE HOOVER

239

481-4114

at (\_\_\_\_\_) \_\_\_\_\_

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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FILED

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SALON SARARO LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

2220 LOGAN BLVD N STE 801  
NAPLES, FL 34110

15839 DELASOL LN  
NAPLES, FL 34110

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

SOLOMON & HOOVER CPAS PLLC

Name

1342 COLONIAL BLVD STE B-11

Florida street address (P.O. Box **NOT** acceptable)

FORT MYERS

FL

33907

City

State

Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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.,*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

ALFREDO J. SARARO

15839 DELASOL LN

NAPLES, FL 34110

AMBR

MARINA L. SARARO

15839 DELASOL LN

NAPLES, FL 34110

(Use attachment if necessary)

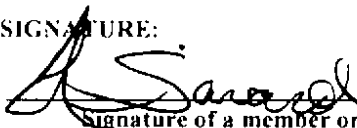
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_, (OPTIONAL.)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any:

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

ALFREDO J. SARARO

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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ED