2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M0000000364

1. Entity Name

SALON SUCCESS INTERNATIONAL, LLC

TAMPA FL 33634

the obligations of registered agent.



FILED Feb 14, 2003 8:00 am Secretary of State

02-14-2003 90062 029 ****50.00

Zip Code

				A THE				
Principal Place of Business 7731 ANDERSON ROAD TAMPA FL 33634		Mailing Address 7731 ANDERSON ROAD TAMPA FL 33634	7731 ANDERSON ROAD			·		
2. Principal Place of Business		3. Mailing Address			CHECK HERE IF MAKING CHANGES			
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State	City & State		4. FEI Number	14-1819659		Applied For Not Applicab
Zip	Country	Zip	Country		5. Certificate of Status Desired			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
GHANDLER, REGINALD K C/O SALON SUCCESS				Name Street Address (P.O. Box Number is Not Acceptablé)				

City

8. 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. I am familiar with, and accept

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. Addition ☐ Change MGRM TITLE Delete TITLE CHANDLER, KEITH NAME NAME STREET ADDRESS 3509 ST IVES BLVD STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 34609 CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME

11. I hereby certify that the information supplied with this filing does not quelify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information To the same legal effect as if made under oath; that I am a managing member or manager of the apport as required by Chapter 608, Florida Statutes. indicated on this report is true and accurate and that my signature sha limited liability company or the receiver or trustee empowered to

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE.

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE SIGNATURE AND TYPED

☐ Detete

Date

Daytime Phone #

Change

Addition