

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000021094

**Entity Name:** C & I SALON LLC

**Current Principal Place of Business:**

2525 EMBASSY DRIVE SOUTH  
12  
COOPER CITY, FL 33026

**Current Mailing Address:**

2525 EMBASSY DRIVE SOUTH  
12  
COOPER CITY, FL 33026

**FEI Number:** 20-0882152

**Certificate of Status Desired:** No

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

KINCHELOW, CHRISTINE  
2525 EMBASSY DRIVE SOUTH.  
COOPER CITY, FL 33026 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	Title	MGR
Name	KINCHELOW, CHRISTINE	Name	SCANAPICO, RITA
Address	2525 EMBASSY DRIVE SOUTH.	Address	3325 GRIFFIN ROAD, SUITE 273,
City-State-Zip:	COOPER CITY FL 33026	City-State-Zip:	FT. LAUDERDALE FL 33012

*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:** RITA SCANAPICO

**MGR**

**02/18/2017**

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

\_\_\_\_\_  
Date