

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000019590

**Entity Name:** O'S SALON & SPA LLC

**Current Principal Place of Business:**

243 N. PLUMOSA STREET  
MERRITT ISLAND, FL 32953

**Current Mailing Address:**

243 N. PLUMOSA STREET  
MERRITT ISLAND, FL 32953 US

**FEI Number:** 47-3063857

**Certificate of Status Desired:** No

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

SHOOK, WOLA  
243 N. PLUMOSA STREET  
MERRITT ISLAND, FL 32953 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            AMBR  
Name            SHOOK, WOLA  
Address        243 N. PLUMOSE AVE.  
City-State-Zip: MERRITT ISLAND FL 32953

*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:** WOLA SHOOK

**MANAGER**

**03/19/2020**

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

\_\_\_\_\_ Date