## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000191410

Entity Name: MUSU'S SALON, LLC

**Current Principal Place of Business:** 

790 N STATE ROAD 434 STE 110 ALTAMONTE SPRINGS. FL 32714

**Current Mailing Address:** 

790 N STATE ROAD 434 STE 110 ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 86-3565191 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BANKS, VERONICA 2917 NORTH 21ST STREET TAMPA, FL 33605 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 ACCT

Name BANKS, VERONICA Name KAMARA, BENJAMIN

Address 790 N STATE ROAD 434 STE 110 Address 2917 NORTH 21ST STREET

City-State-Zip: ALTAMONTE SPRINGS FL 32714 City-State-Zip: TAMPA FL 33605

Title MARKETING

Name MORRISON, ERMA T

Address 790 N STATE ROAD 434 STE 110
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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: VERONICA BANKS

OWNER/MANAGER

03/25/2025

FILED Mar 25, 2025

**Secretary of State** 

2541639111CC

Electronic Signature of Signing Authorized Person(s) Detail

Date