

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000005144

**Entity Name:** TRU STAR SALON SERVICES, LLC**Current Principal Place of Business:**1590 NW 27TH AVENUE, STE. 2  
POMPANO BEACH, FL 33069**Current Mailing Address:**60 SEAVIEW BLVD  
PORT WASHINGTON, NY 11050 US**FEI Number:** 27-4065574**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COHEN, JEFFREY  
1590 NW 27TH AVENUE, STE. 2  
POMPANO BEACH, FL 33069 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:** JEFFREY COHEN

01/12/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name SOUTHERN STAR SALON SERVICES,  
INC.  
Address 1590 NW 27TH AVENUE, STE. 2  
City-State-Zip: POMPANO BEACH FL 33069

Title MGR  
Name EVOLUTION THE SALON SOURCE,  
INC.  
Address 5858 ST AUGUSTINE ROAD  
City-State-Zip: JACKSONVILLE FL 32207

Title MGR  
Name COHEN, JEFFREY  
Address 1590 NW 27TH AVENUE, STE. 2  
City-State-Zip: POMPANO BEACH FL 33069

Title MGR  
Name TALPALAR, MARK  
Address 1590 NW 27TH AVENUE, STE. 2  
City-State-Zip: POMPANO BEACH FL 33069

Title DIRECTOR OF FINANCE  
Name SANDERS, DONNA  
Address 385 OSER AVE  
City-State-Zip: HAUPPAUGE NY 11788

*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:** DONNA SANDERS

DIRECTOR OF FINANCE

01/12/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date