

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000498414

**Entity Name:** SALON MANAGEMENT LLC

**Current Principal Place of Business:**

1043 STATE ROAD 7  
BLDG E  
WELLINGTON, FL 33414

**Current Mailing Address:**

6325 S ELM ST  
BURR RIDGE, IL 60527 US

**FEI Number:** 85-2517872

**Certificate of Status Desired:** No

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

SANTACATERINA, DONALD L  
4728 DOVEHILL DRIVE  
PALM BEACH GARDENS, FL 33418 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  
Name SANTACATERINA, DONALD L  
Address 6325 S ELM ST  
City-State-Zip: BURR RIDGE IL 60527

*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:** DONALD L SANTACATERINA

MGR

01/31/2024

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

\_\_\_\_\_ Date