

# 2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L13000043257

**FILED**  
**Nov 30, 2014**  
**Secretary of State**

**Entity Name:** FORWARD CUTTING EDGE SALON, LLC

**Current Principal Place of Business:**

5460 N STATE ROAD 7  
111  
NORTH LAUDERDALE, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

5460 N STATE ROAD 7  
111  
NORTH LAUDERDALE, FL 33319

**New Mailing Address:**

**FEI Number:** 46-5753986      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

VILSAINT, FRANCISKA F  
8593 NW 35 CT  
CORAL SPRINGS, FL 33065      US

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

VILSAINT, FRANCISKA F  
5330 NW 88 AVENUE, APT A102  
SUNRISE, FL 33351      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: FRANCIS VILSAINT

11/30/2014

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGRM  
Name: VILSAINT, FRANCISKA F  
Address: 5330 NW 88 AVENUE, APT A102  
City-St-Zip: SUNRISE, FL 33351

Title: MGRM  
Name: VILSAINT, JOHANNE C  
Address: 5330 NW 88 AVENUE, APT A102  
City-St-Zip: SUNRISE, FL 33351

Title: MGRM  
Name: VILSAINT, FRANCIS  
Address: 5330 NW 88 AVENUE, APT A102  
City-St-Zip: SUNRISE, FL 33351

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: FRANCIS VILSAINT

MGRM

11/30/2014

Electronic Signature of Authorized Person

Date