

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000119838

Entity Name: MY FLAIR LLC

FILED  
Oct 15, 2009  
Secretary of State

**Current Principal Place of Business:**

121 MELODY LANE  
FT. PIERCE, FL 34950

**New Principal Place of Business:**

**Current Mailing Address:**

121 MELODY LANE  
FT. PIERCE, FL 34950

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331 US

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

WILSON, LIVIA  
2145 SANFORD CT  
VERO BEACH, FL 32963 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: LIVIA WILSON

10/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: WILSON, LIVIA  
Address: 2145 SANFORD COURT  
City-St-Zip: VERO BEACH, FL 32963

Title: VP ( ) Delete  
Name: WILSON, TALIA  
Address: 121 MELODY LANE  
City-St-Zip: FT. PIERCE, FL 34950

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LIVIA WILSON

CEO

10/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date