

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000018254

**FILED**  
**Oct 11, 2006**  
**Secretary of State**

**Entity Name:** STUDIO 22 SALON & SPA, LLC

**Current Principal Place of Business:**

222 LITHIA CENTER LANE  
VALRICO, FL 33594

**New Principal Place of Business:**

2222 LITHIA CENTER LANE  
VALRICO, FL 33594

**Current Mailing Address:**

2222 LITHIA CENTER LANE  
VALRICO, FL 33594

**New Mailing Address:**

**FEI Number:** 71-0902367      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

NORMAN, CHRISTOPHER H  
315 S. HYDE PARK AVENUE  
TAMPA, FL 33606 US

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

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:** CHRISTOPHER NORMAN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR      ( ) Delete  
**Name:** HASSOUN, RENEE  
**Address:** 1326 EAST LUMSDEN ROAD  
**City-St-Zip:** BRANDON, FL 33511

**Title:** MGR      ( ) Delete  
**Name:** AMEN, HIND  
**Address:** 1326 EAST LUMSDEN ROAD  
**City-St-Zip:** BRANDON, FL 33511

**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 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:** HIND AMEN

MGR

10/11/2006

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