

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000025600

**FILED**  
**Oct 07, 2007**  
**Secretary of State**

**Entity Name:** SALON RESOURCE NETWORK, LLC

**Current Principal Place of Business:**

6530 CLARK RD  
SARASOTA, FL 34241

**New Principal Place of Business:**

5050 CENTRAL SARA PKY  
301  
SARASOTA, FL 34238

**Current Mailing Address:**

6530 CLARK RD  
SARASOTA, FL 34241

**New Mailing Address:**

5050 CENTRAL SARA PKY  
301  
SARASOTA, FL 34238

**FEI Number:** 42-1554177      **FEI Number Applied For ( )**      **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:**

DONSON, GARY  
6530 CLARK RD  
SARASOTA, FL 34241      US

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

DONSON, GARY  
5050 CENTRAL SARA PKY  
301  
SARASOTA, FL 34238 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: GARY R DONSON

10/07/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: DONSON, GARY  
Address: 6530 CLARK RD  
City-St-Zip: SARASOTA, FL 34241

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: DONSON, GARY  
Address: 5050 CENTRAL SARA PKY #301  
City-St-Zip: SARASOTA, FL 34238

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: GARY R DONSON

MGRM

10/07/2007

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