

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000005278

Entity Name: THE KEY SPA & SALON, LLC

FILED  
Oct 16, 2009  
Secretary of State

**Current Principal Place of Business:**

5150 OCEAN BLVD  
SUITE A  
SARASOTA, FL 34242

**New Principal Place of Business:**

**Current Mailing Address:**

5150 OCEAN BLVD  
SUITE A  
SARASOTA, FL 34242

**New Mailing Address:**

FEI Number: 65-1172698      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

BOUILLERCE, LISA L  
1325 WINDWARD DRIVE  
OSPREY, FL 34229      US

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

BOUILLERCE, LISA L  
1715 BAYWOOD DRIVE  
SARASOTA, FL 34231      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: LISA BOUILLERCE

10/16/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: BOUILLERCE, LISA A  
Address: 1325 WINDWARD DRIVE  
City-St-Zip: OSPREY, FL 34229

Title: MGR      ( ) Delete  
Name: BOUILLERCE, FREDRICK E  
Address: 1325 WINDWARD DRIVE  
City-St-Zip: OSPREY, FL 34229

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: BOUILLERCE, LISA A  
Address: 1715 BAYWOOD DRIVE  
City-St-Zip: SARASOTA, FL 34231

Title: MGR      (X) Change ( ) Addition  
Name: BOUILLERCE, FREDRICK E  
Address: 1715 BAYWOOD DRIVE  
City-St-Zip: SARASOTA, FL 34231

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: LISA BOUILLERCE

MRS.

10/16/2009

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