

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000005856

1. Entity Name
HAIR THERAPY FOR WOMEN, LLC



FILED
07 JUL 11 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06252007 REIN-LLC CR2E101 (1/07)

4. FEI Number
61-1434483

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RUSSELL, BOBBI J
7853 GUNN HWY
#253
TAMPA, FL 33626

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Bobbi J. Russell Bobbi J. Russell member
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME RUSSELL, BOBBI J
STREET ADDRESS 7853 GUNN HWY #253
CITY-ST-ZIP TAMPA, FL 33626 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
300106022553
07/12/07--01052--014 **100.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

6-25-07 813-269-4247

REINSTATEMENT