

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000005856

**FILED**  
**Jul 24, 2014**  
**Secretary of State**

**Entity Name:** HAIR THERAPY FOR WOMEN, LLC

**Current Principal Place of Business:**

14027 N DALE MABRY  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

14027 N DALE MABRY HWY  
TAMPA, FL 33618

**New Mailing Address:**

14027 N DALE MABRY  
TAMPA, FL 33618

**FEI Number:** 61-1434483

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

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

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGRM  
Name: RUSSELL, BOBBI J  
Address: 7853 GUNN HWY #253  
City-St-Zip: TAMPA, FL 33626

I hereby 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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: BOBBI RUSSELL

MGRM

07/24/2014

Electronic Signature of Authorized Person

Date