

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000007409

1. Entity Name
LOTUS HAIR STUDIO, LLC



FILED

07 NOV 14 PM 12:41

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
1609 S. DIXIE HWY
STE #4
WEST PALM BEACH, FL 33401

Mailing Address
1609 S. DIXIE HWY
STE #4
WEST PALM BEACH, FL 33401



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10282007 REIN-LLC CR2E101 (1/07)

4. FEI Number
03-0540101

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROAN-ZAPATIER, REIGAN
420 10TH AVENUE NORTH
LAKE WORTH, FL 33460

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

Reigan Roan-Zapatier

(NOTE: Registered Agent signature required when reinstating)

11-6-07

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2008, Fee will be \$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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ROAN-ZAPATIER, REIGAN
420 10TH AVENUE NORTH
LAKE WORTH, FL 33460 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
200112126182
11/08/07--01040--009 **50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CAUWELS, KRISTEN
721 COLONIAL RD
WEST PALM BEACH, FL 33405 ☒ Delete

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

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

TITLE
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☐ Delete

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☐ Change ☐ Addition

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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:

Reigan Roan-Zapatier

MGRM

11-6-07

DA 655-8004

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

Date

Daytime Phone #