

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000042042

**FILED**  
**Sep 25, 2009**  
**Secretary of State**

**Entity Name:** HAIR EXPRESSION OF CARROLLWOOD, LLC

**Current Principal Place of Business:**

4917 EHRLICH RD., STE. 200  
STE 103  
TAMPA, FL 33624

**New Principal Place of Business:**

**Current Mailing Address:**

4917 EHRLICH RD., STE. 200  
STE 103  
TAMPA, FL 33624

**New Mailing Address:**

4917 EHRLICH RD., STE. 103  
STE 103  
TAMPA, FL 33624

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

HENRY, THERESA  
4917 EHRLICH RD., STE. 103  
TAMPA, FL 33624 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: THERESA HENRY

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HENRY, THERESA  
Address: 4917 EHRLICH RD SUITE 200  
City-St-Zip: TAMPA, FL 33624

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: THERESA HENRY

MGR

09/25/2009

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