

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000021454

**FILED**  
**Oct 20, 2007**  
**Secretary of State**

**Entity Name:** SERIOUS SKIN CARE BY STEVIE, LLC

**Current Principal Place of Business:**

881 SW BROOKDALE DR  
LAKE CITY, FL 32025

**New Principal Place of Business:**

2272 COMMODORES CLUB BLVD.  
ST. AUGUSTINE, FL 32080

**Current Mailing Address:**

PO BOX 1835  
LAKE CITY, FL 32056

**New Mailing Address:**

2272 COMMODORES CLUB BLVD.  
ST. AUGUSTINE, FL 32080

**FEI Number:** 20-0908678

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LANDON, STEPHANIE H  
881 SW BROOKDALE DR  
LAKE CITY, FL 32025 US

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

LANDON, STEPHANIE H  
2272 COMMODORES CLUB BLVD.  
ST. AUGUSTINE, FL 32080 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: STEPHANIE H. LANDON

10/20/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LANDON, STEPHANIE H  
Address: 881 SW BROOKDALE DRIVE  
City-St-Zip: LAKE CITY, FL 32025

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LANDON, STEPHANIE H  
Address: 2272 COMMODORES CLUB BLVD.  
City-St-Zip: ST. AUGUSTINE, FL 322080

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: STEPHANIE H. LANDON

MGRM

10/20/2007

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