

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000023867

FILED
Sep 30, 2009
Secretary of State

Entity Name: BENNY'S BARBER SHOP, BEAUTY SALON & SPA, L.L.C.

Current Principal Place of Business:

12509 SW 112TH TERRACE
MIAMI, FL 33186

New Principal Place of Business:

8901 SW 157 AVE
BAY 20
MIAMI, FL 33196

Current Mailing Address:

12509 SW 112TH TERRACE
MIAMI, FL 33186

New Mailing Address:

8901 SW 157 AVE
BAY 20
MIAMI, FL 33196

FEI Number: 20-2780934 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **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:

ALVAREZ, REINA
12509 SW 112TH TERRACE
MIAMI, FL 33177 US

Name and Address of New Registered Agent:

ALVAREZ, REINA
12509 SW 112TH TERRACE
MIAMI, FL 33186 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: REINA ALVAREZ

09/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALVAREZ, REINA
Address: 12509 SW 112TH TERRACE
City-St-Zip: MIAMI, FL 33186

Title: MGRM (X) Delete
Name: ALVAREZ, REINA
Address: 16460 SW 144 AVENUE
City-St-Zip: MIAMI, FL 33177

ADDITIONS/CHANGES:

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

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: REINA ALVAREZ

MGRM

09/30/2009

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