

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000036602

Entity Name: SALON CARDE, L.L.C.

FILED  
Feb 20, 2008  
Secretary of State

**Current Principal Place of Business:**

612 W. PLATT STREET  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

307 N. MACDILL AVENUE  
TAMPA, FL 33609

**New Mailing Address:**

PO BOX 26616  
TAMPA, FL 33623

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:**

CARDE, STEVEN  
307 N. MACDILL AVENUE  
TAMPA, FL 33609 US

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

CARDE, STEVEN  
4202 W BROAD ST  
TAMPA, FL 33614 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: STEVEN CARDE

02/20/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CARDE, STEVEN  
Address: 307 N. MACDILL AVENUE  
City-St-Zip: TAMPA, FL 33609

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CARDE, STEVEN  
Address: PO BOX 26616  
City-St-Zip: TAMPA, FL 33623

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: STEVEN CARDE

MGRM

02/20/2008

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