

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000036602

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

**FILED**  
**Jul 07, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

612 W. PLATT STREET  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 26616  
TAMPA, FL 33623

**New Mailing Address:**

FEI Number: 94-1687665

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

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

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGRM  
Name: CARDE, STEVEN  
Address: PO BOX 26616  
City-St-Zip: TAMPA, FL 33623

I hereby 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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: STEVEN CARDE

MGRM

07/07/2014

Electronic Signature of Authorized Person

Date