

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000078593

**FILED**  
**Jul 24, 2008**  
**Secretary of State**

**Entity Name:** AMARIS SALON & DAY SPA, LLC

**Current Principal Place of Business:**

3400 MICHIGAN STREET  
LAKE MARY, FL 32746

**New Principal Place of Business:**

247 NORTH WESTMONTE DRIVE  
ALTMONTE SPRINGS, FL 32714

**Current Mailing Address:**

3400 MICHIGAN STREET  
LAKE MARY, FL 32746

**New Mailing Address:**

247 NORTH WESTMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32714

**FEI Number:** 20-1813286      **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:**

FREY, JULIA L  
215 NORTH EOLA DRIVE  
ORLANDO, FL 32746 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: JULIA FREY

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PICERNE, GWYN  
Address: 3400 MICHIGAN ST  
City-St-Zip: LAKE MARY, FL 32746

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: PICERNE, GWYN  
Address: 247 NORTH WESTMONTE DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: GWYN PICERNE

MGR

07/24/2008

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