

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
**May 09, 2007**  
**Secretary of State**

DOCUMENT# L04000087179

**Entity Name:** NU-COMPLEXIONS LLC

**Current Principal Place of Business:**

4230 59TH STREET WEST  
SUITE D  
BRADENTON, FL 34209 US

**New Principal Place of Business:**

5423 11TH ST CIRCLE EAST  
BRADENTON, FL 34203 US

**Current Mailing Address:**

4230 59TH STREET WEST  
SUITE D  
BRADENTON, FL 34209 US

**New Mailing Address:**

5423 11TH ST CIRCLE EAST  
BRADENTON, FL 34203 US

**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:**

JOHNSON, CLAUDIA  
4230 59TH STREET WEST  
BRADENTON, FL 34209 US

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

JOHNSON, CLAUDIA  
5423 11TH ST CIRCLE EAST  
BRADENTON, FL 34203 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: CLAUDIA L. JOHNSON

05/09/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  Delete  
Name: JOHNSON, CLAUDIA  
Address: 6118 55TH TERRACE E  
City-St-Zip: BRADENTON, FL 34203

**ADDITIONS/CHANGES:**

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: CLAUDIA L. JOHNSON

MGR

05/09/2007

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