

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000031936

Entity Name: WHAT WOMEN WANT, LLC

**FILED**  
**Jun 22, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

13815 W. HILLSBOROUGH AVENUE  
305  
TAMPA, FL 33635 US

**New Principal Place of Business:**

**Current Mailing Address:**

13815 W. HILLSBOROUGH AVENUE  
305  
TAMPA, FL 33635 US

**New Mailing Address:**

P.O. BOX 6209  
PALM HARBOR, FL 34684 US

FEI Number: 20-3055718      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:**

MASON, JAMEY MGRM  
13815 W. HILLSBOROUGH AVENUE  
305  
TAMPA, FL 33635 US

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

MASON, JAMEY MGRM  
1427 FLORES COURT  
TRINITY, FL 34655 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: JAMEY S. MASON

06/22/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MASON, JAMEY  
Address: 13815 W. HILLSBOROUGH AVENUE  
City-St-Zip: TAMPA, FL 33635 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MASON, JAMEY  
Address: P.O. BOX 6209  
City-St-Zip: PALM HARBOR, FL 34684 US

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: JAMEY S. MASON

MGR

06/22/2009

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