2007 LIMITED LIABILITY COMPANY REINSTATEMENT

## FILED DOCUMENT # L05000042360 1. Entity Name ANGÉLO'S GLAMOUR, LLC DEC 18 PM 1:01 EDRETAKY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 10701 ROYAL PALM BLVD. #14 10701 ROYAL PALM BLVD. #14 CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3049 <u>G</u>eta 304*9* Getty Suite, Apt. #, etc. Suite, Apt. #, etc. 11262007 **REIN-LLC** CR2E101 (1/07) 06 106 4. FEI Number Applied For City & State City & State Orlando lando 54-2171966 Not Applicable Country 71.5 A \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ENNILLO, RAMONA. MENNILLO, RAMONA I O. Box Number is Not Acceptable) 10701 ROYAL PALM BLVD. #14 CORAL SPRINGS, FL 33065 Zip Code 32835 8. 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. I am familiar with, and accept the obligations of registered agent. mina DATE FILE NOW!!! FEE IS \$150.00 Make check payable to After January 1, 2008, Fee will be \$200.00 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR MGR Change ☐ Addition □ Delete TITLE TITLE MENNILLO, Ramona NAME MENNILLO, RAMONA I NAME 3049 Getty Way #106 10701 ROYAL PALM BLVD. #14 STREET ADDRESS STREET ADDRESS CORAL SPRINGS, FL 33065 CITY-ST-ZIP CITY-ST-ZIP FL: 32835 Change ■ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE 500113427689 12/27/07--01017--004 \*\*\* NAME NAME STREET ADDRESS STREET ADDRESS .ũO\_\_ \_ CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition REINSTATEME TITLE ☐ Change TITLE NAME NAMI<sup>®</sup> STREET ADDRESS STREE\* ADDRESS CITY-ST-7IP CITY ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

813 751 9458

Angelo's Glamour, LLC. LO5000042360 Kamona Menmillo. 3049 Getty Way #106 Orlando FL- 32835. 813-751 - 9458 . Division of Comporations. 11.1.07 Floreida Dept of State I am writing notify you that I did not recieve any of the renewal notices for 2007.

I have enclosed a check in the amount of \$50.00. for my reinstatement.

Thank you for your services. Ramong. 1. Mennello.