

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000060680

**FILED**  
**May 12, 2010**  
**Secretary of State**

**Entity Name:** GGV PROFESSIONAL HAIR PRODUCTS OF MIAMI, LLC

**Current Principal Place of Business:**

2115 W 73RD ST  
HIALEAH, FL 33016 US

**New Principal Place of Business:**

**Current Mailing Address:**

2115 W 73RD ST  
HIALEAH, FL 33016 US

**New Mailing Address:**

**FEI Number:** 20-3031025      **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:**

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

MELENDEZ VEGA, LLC  
10511 N KENDALL DR.  
SUITE C-203  
MIAMI, FL 33176 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:** MICHAEL MELENDEZ

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** GARCIA, GERMAN  
**Address:** 620 NORTH INDIGO ROAD  
**City-St-Zip:** ALTAMONTE SPRING, FL 32714 US

**Title:** MGRM  
**Name:** GARCIA, CARMEN  
**Address:** 620 NORTH INDIGO ROAD  
**City-St-Zip:** ALTAMONTE SPRING, FL 32714 US

**Title:** MGRM  
**Name:** GARCIA, DOMINGO A  
**Address:** 620 NORTH INDIGO ROAD  
**City-St-Zip:** ALTAMONTE SPRING, FL 32714 US

**Title:** MGRM  
**Name:** GARCIA, GERMI E  
**Address:** 620 NORTH INDIGO ROAD  
**City-St-Zip:** ALTAMONTE SPRING, FL 32714 US

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 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:** GERMAN GARCIA

MGRM

05/12/2010

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