

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000105933

**FILED**  
**May 07, 2008**  
**Secretary of State**

**Entity Name:** SENSATIONS BY MYSTIE, LLC

**Current Principal Place of Business:**

208 W MAIN ST  
LEESBURG, FL 34748 US

**New Principal Place of Business:**

2301 WEATHERED WOOD DR  
LEESBURG, FL 34748 US

**Current Mailing Address:**

208 W MAIN ST  
LEESBURG, FL 34748 US

**New Mailing Address:**

2301 WEATHERED WOOD DR  
LEESBURG, FL 34748 US

**FEI Number:** 20-8580602

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POORAN, CAROL A  
2301 WEATHERED WOOD DR  
LEESBURG, FL 32748 US

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

POORAN, CAROL A  
2301 WEATHERED WOOD DR  
LEESBURG, FL 34748 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: CAROL POORAN

05/07/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: POORAN, CAROL A  
Address: 2301 WEATHERED WOOD DR  
City-St-Zip: LEESBURG, FL 34748

Title: MGRM ( ) Delete  
Name: SILVERS, EVELYN K  
Address: 36100 HICKORY ST  
City-St-Zip: FRUITLAND PARK, FL 34731

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CAROL POORAN

P

05/07/2008

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