

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000107489

FILED
Oct 05, 2009
Secretary of State

Entity Name: ALL ABOUT YOU SALON & DAY SPA,LLC

Current Principal Place of Business:

6341 HWY. 90
MILTON, FL 32570 US

New Principal Place of Business:

5717 HWY 90
MILTON, FL 32583 US

Current Mailing Address:

6341 HWY. 90
MILTON, FL 32570 US

New Mailing Address:

5717 HWY 90
MILTON, FL 32583 US

FEI Number: 55-0909687 **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:

WALKER, ANNA M
6341 HIGHWAY 90
MILTON, FL 32570 US

Name and Address of New Registered Agent:

WALKER, ANNA M
5717 HWY 90
MILTON, FL 32583 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: ANNA M. WALKER

10/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BAKER, BARBARA J
Address: 6206 BANDOL CT.
City-St-Zip: MILTON, FL 32570 US

Title: MGRM () Delete
Name: ROBERTS, ANNA P
Address: 6169 MEURSALT RD.
City-St-Zip: MILTON, FL 32570 US

Title: MGRM () Delete
Name: WALKER, ANNA M
Address: 4826 RIBAUT LN
City-St-Zip: MILTON, FL 32570 US

ADDITIONS/CHANGES:

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

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: ANNA P. ROBERTS

OWNE

10/05/2009

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