

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000038415

**FILED**  
**Sep 25, 2013**  
**Secretary of State**

**Entity Name:** SHELLY'S STYLE STUDIO LLC

**Current Principal Place of Business:**

4 HOLMES BLVD  
FORT WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

4 HOLMES BLVD  
FORT WALTON BEACH, FL 32548

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

JOINER, SHELLY N  
324 VISTA STREET  
FORT WALTON BEACH, FL 32548      US

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

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: SHELLY JOINER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: JOINER, SHELLY  
Address: 324 VISTA STREET  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: MGR  
Name: WHALEN, DOROTHY  
Address: 38 TULA PLACE  
City-St-Zip: FORT WALTON BEACH, FL 32548 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: SHELLY JOINER

MGRM

09/25/2013

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