

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000040423

Entity Name: SALON TRE', LLC

FILED
Oct 26, 2009
Secretary of State

Current Principal Place of Business:

8351 STATE ROAD 54, #104
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

8351 STATE ROAD 54,
#104
NEW PORT RICHEY, FL 34655

Current Mailing Address:

8351 STATE ROAD 54, #104
NEW PORT RICHEY, FL 34655

New Mailing Address:

8351 STATE ROAD 54
#104
NEW PORT RICHEY, FL 34655

FEI Number: 72-1614526 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:

LUCAS, JEFF
8606 GOVERNMENT DRIVE
NEW PORT RICHEY, FL 34654 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: JEFF LUCAS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FOSTER, JENNIFER R
Address: 11046 KITTEN TRAIL
City-St-Zip: HUDSON, FL 34669

Title: MGR () Delete
Name: VALENTINE, VERONICA
Address: 7644 ARLIGHT DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: MGR () Delete
Name: CRIPE, PEGGY
Address: 9814 GOLDEN LOOP
City-St-Zip: NEW PORT RICHEY, FL 34654

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FOSTER, JENIFER R
Address: 11046 KITTEN TRAIL
City-St-Zip: HUDSON, FL 34669

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: PEGGY S. CRIPE

MGR

10/26/2009

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