


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

08 MAY 16 AM 10:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # <b>L 06000084460</b>			
1. Entity Name <b>Joseph Anthony Salon L.L.C.</b>			
Principal Place of Business		Mailing Address	
2. Principal Place of Business - No P.O. Box # <b>6025 S. US HWY 301</b>		3. Mailing Address <b>1115 DAVENPORT BRIDGE LN.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Apt. 203</b>	
City & State <b>RIVERVIEW FL</b>		City & State <b>BRANDON FL</b>	
Zip <b>33511</b>	Country <b>U.S.A</b>	Zip <b>33511</b>	Country <b>USA</b>
4. FEI Number <b>20-8436747</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>Anthony M. Malone</b> <b>1115 Davenport Bridge LN 203</b> <b>Brandon FL 33511</b>		Name <b>Anthony M. Malone</b> Street Address (P.O. Box Number is Not Acceptable) <b>1115 Davenport bridge Ln. #203</b> City <b>BRANDON</b> FL Zip Code <b>33511</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <b>Anthony M. Malone</b>		DATE <b>5-5-08</b>	
(NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$277.50</b>		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> <b>McM</b> <input checked="" type="checkbox"/> <b>Anthony M. Malone</b> <input checked="" type="checkbox"/> <b>1115 Davenport Bridge Ln 203</b> <input checked="" type="checkbox"/> <b>Brandon, FL 33511</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100129621131</b> <b>05/16/08--01008--006 **277.50</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <b>REINSTATEMENT</b>  <b>07-08</b> </div> <div style="text-align: center;"> <b>REINS</b>  <b>ENT</b> </div> </div>			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <b>Anthony M. Malone</b>		Date <b>5-8-08</b> (813) 784-8379	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	