

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000094902

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** Y'ALEXANDRAS PROFESSIONAL HAIR SALON & SPA, LLC

**Current Principal Place of Business:**

16672 SADLLE CLUB RD  
WESTON, FL 33326

**New Principal Place of Business:**

16672 SADDLE CLUB RD  
WESTON, FL 33326

**Current Mailing Address:**

16672 SADLLE CLUB RD  
WESTON, FL 33326

**New Mailing Address:**

16672 SADDLE CLUB RD  
WESTON, FL 33326

**FEI Number:** 20-5657368

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TRIANA, YOLANDA  
305 LAKEVIEW DRIVE  
101  
WESTON, FL 33326 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: YOLANDA TRIANA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: TRIANA, YOLANDA  
Address: 305 LAKEVIEW DRIVE # 101  
City-St-Zip: WESTON, FL 33326

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: YOLANDA TRIANA

MGRM

04/30/2012

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