

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000111204

1. Entity Name
CRYSTAL HAIR & NAIL SPA, LLC



FILED

07 NOV 16 AM 10:03

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business

4368 COUNTY HWY 30A
SUITE C4-C5
SANTA ROSA BEACH, FL 32459

Mailing Address

4368 COUNTY HWY 30A
SUITE C4-C5
SANTA ROSA BEACH, FL 32459

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11142007 REIN-LLC

CR2E101 (1/07)

4. FEI Number

20-5889202

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUONG, CHRISTIAN B
233 CLUB HOUSE DRIVE
FREEPORT, FL 32439

7. Name and Address of New Registered Agent

Name Robert L. McCullar CPA

Street Address (P.O. Box Number is Not Acceptable)

2441 US Highway 98 W

Suite 108

City Santa Rosa Beach FL

Zip Code

32459

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

Robert L. McCullar CPA

Robert L. McCullar

11-14-2007

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME TRAN, PAUL M
STREET ADDRESS 233 CLUB HOUSE DRIVE
CITY-ST-ZIP FREEPORT, FL 32439 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS 500112456315
CITY-ST-ZIP 11/20/07--01021--002 **150.00

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

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:

Robert L. McCullar

11-14-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #