

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000122131

FILED
Oct 05, 2007
Secretary of State

Entity Name: CUSTOMIZE HAIR SOLUTIONS, LLC

Current Principal Place of Business:

3943 CEDAR HAMMOCK TRAIL
ST CLOUD, FL 34769

New Principal Place of Business:

2290 BOGGY CREEK RD.
KISSIMMEE, FL 34743

Current Mailing Address:

3943 CEDAR HAMMOCK TRAIL
ST CLOUD, FL 34769

New Mailing Address:

3943 CEDAR HAMMOCK TRAIL
ST CLOUD, FL 34772

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

Name and Address of New Registered Agent:

REID'S INCOME TAX & COMPUTER SERVICE, LLC
5419 NORTH STATE ROAD 7
TAMARAC, FL 33319 US

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: WARREN REID

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: TUCKER, DAWN
Address: 3943 CEDAR HAMMOCK TRAIL
City-St-Zip: ST CLOUD, FL 34769

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: DAWN TUCKER

MGR

10/05/2007

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