

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000033302

**FILED**  
**Jul 12, 2012**  
**Secretary of State**

**Entity Name:** CIAO BELLA BOWS, LLC

**Current Principal Place of Business:**

589 FALCON FORK WAY  
JACKSONVILLE, FL 32259 US

**New Principal Place of Business:**

**Current Mailing Address:**

589 FALCON FORK WAY  
JACKSONVILLE, FL 32259 US

**New Mailing Address:**

**FEI Number:** 77-0679776

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANDERSON, ANN MARIE Z  
589 FALCON FORK WAY  
JACKSONVILLE, FL 32259 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: ANN MARIE ANDERSON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ANDERSON, ANN MARIE Z  
Address: 589 FALCON FORK WAY  
City-St-Zip: JACKSONVILLE, FL 32259 US

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: ANN MARIE ANDERSON

MGR

07/12/2012

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