

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000044469

Entity Name: ASHLEY'S HAIR, LLC

**FILED**  
**Jun 21, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4824 N. STATE RD. 7  
APT #205  
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

**Current Mailing Address:**

4824 N. STATE RD. 7  
APT #205  
COCONUT CREEK, FL 33073

**New Mailing Address:**

FEI Number: 20-8973537

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COLOMBIER, ASHLEY  
4824 N. STATE RD. 7  
APT #205  
COCONUT CREEK, FL 33073 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: ASHLEY COLOMBIER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: COLOMBIER, ASHLEY  
Address: 4824 N. STATE RD. 7, APT #205  
City-St-Zip: COCONUT CREEK, FL 33073

Title: MGRM  
Name: COLOMBIER, XAVIER  
Address: 4824 N. STATE RD. 7, APT #205  
City-St-Zip: COCONUT CREEK, FL 33073

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: ASHLEY COLOMBIER

MGRM

06/21/2012

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