

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90071 029 ***138.75

DOCUMENT # L07000044923

1. Entity Name
RAPUNZEL'S SALON AND SPA, LLC



Principal Place of Business
**2811 W. 17TH STREET
PANAMA CITY, FL 32405**

Mailing Address
**2811 W. 17TH STREET
PANAMA CITY, FL 32405**

00010000



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

3. Mailing Address

Suite Apt #, etc.

Suite Apt # etc

01292008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
26-0270895

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MINTER, ERIC
2811 W. 17TH STREET
PANAMA CITY, FL 32405**

Name

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

City

FL

Zip Code

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

Signature typed or printed in the space provided, if applicable.

Signature of Registered Agent (required after reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MINTER, ERIC
2811 W. 17TH STREET
PANAMA CITY, FL 32405** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

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

3-5-08

(850) 215-7401

Date

Daytime Phone #