

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000054042

Entity Name: DREAD LOCK DA CITY, LLC

FILED
Apr 17, 2009
Secretary of State

Current Principal Place of Business:

14310 LUCERNE DR.
APT. B
TAMPA, FL 33613

New Principal Place of Business:

13693 GRAGSTON CIRCLE
APT. 693
TAMPA, FL 33613

Current Mailing Address:

14310 LUCERNE DR.
APT. B
TAMPA, FL 33613

New Mailing Address:

P.O. BOX 7219
TAMPA, FL 33673

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

DIXON, MIGUEL
14310 LUCERNE DR.
APT. B
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

DIXON, MIGUEL
13693 GRAGSTON CIRCLE
APT. 693
TAMPA, FL 33613 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: MIGUEL DIXON

04/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DIXON, MIGUEL
Address: 14310 LUCERNE DR., APT. B
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DIXON, MIGUEL
Address: 13693 GRAGSTON CIRCLE
City-St-Zip: TAMPA, FL 33613

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: MIGUEL DIXON

MD

04/17/2009

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