

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000058280

**FILED**  
**Oct 05, 2013**  
**Secretary of State**

**Entity Name:** MARINA'S HAIR STUDIO LLC

**Current Principal Place of Business:**

3725 BONITA BEACH RD.  
SUITE 8  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

10155 AVONLEIGH DR.  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

**FEI Number:** 26-435327

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SIDELLS, DENNIS A MGRM  
10155 AVONLEIGH DR.  
BONITA SPRINGS, FL 34135 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:** MARINA SIDELLS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** SIDELLS, MARINA MGRM  
**Address:** 10155 AVONLEIGH DR.  
**City-St-Zip:** BONITA SPRINGS, FL 34135 US

**Title:** MGRM  
**Name:** SIDELLS, DENNIS A MGRM  
**Address:** 10155 AVONLEIGH DR.  
**City-St-Zip:** BONITA SPRINGS, FL LEE 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:** MARINA SIDELLS

MRS.

10/05/2013

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