

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000058467

**FILED**  
**Oct 06, 2010**  
**Secretary of State**

**Entity Name:** FAMILY HAIR SALON OF DAVIE, LLC

**Current Principal Place of Business:**

6471 STIRLING ROAD  
DAVIE, FL 33314

**New Principal Place of Business:**

**Current Mailing Address:**

6471 STIRLING ROAD  
DAVIE, FL 33314

**New Mailing Address:**

**FEI Number:** 01-0900088

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MANCHEGO, PATRICIA  
6471 STIRLING ROAD  
DAVIE, FL 33316 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: PATRICIA MANCHEGO

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MANCHEGO, PATRICIA  
Address: 6471 STIRLING ROAD  
City-St-Zip: DAVIE, FL 33314

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: PATRICIA MANCHEGO

MGRM

10/06/2010

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