

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000059511

**FILED**  
**Oct 20, 2009**  
**Secretary of State**

**Entity Name:** RADIANT EXPRESSIONS SALON, LLC

**Current Principal Place of Business:**

1214 E BUSCH BLVD  
TAMPA, FL 33612

**New Principal Place of Business:**

10230 N 56 ST  
220  
TEMPLE TERRACE, FL 33617

**Current Mailing Address:**

PO BOX 291653  
TAMPA, FL 33687

**New Mailing Address:**

10230 N 56TH ST  
220  
TEMPLE TERRACE, FL 33617

**FEI Number:** 20-8889107      **FEI Number Applied For ( )**      **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:**

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

MCLOWRY, LEKEESHA  
6739 RUNNER OAK DR.  
WESLEY CHAPEL, FL 33545      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:** LEKEESHA MCLOWRY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

**Title:** MGR      ( ) Delete  
**Name:** MCLOWRY, LEKEESHA  
**Address:** 6739 RUNNER OAK DR.  
**City-St-Zip:** WESLEY CHAPEL, FL 33545

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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:** LEKEESHA MCLOWRY

MGR

10/20/2009

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