


# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

**DOCUMENT # L07000092699**

1. Entity Name  
7 DAY SPA LLC



**FILED**

09 SEP 23 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business: 1113 EUREKA CT. TALLAHASSEE, FL 32317

Mailing Address: 1113 EUREKA CT. TALLAHASSEE, FL 32317

2. Principal Place of Business - No P.O. Box #: 2819 mahan Dr.

3. Mailing Address: 1113 Eureka Ct

Suite, Apt. #, etc.: Suite, Apt. #, etc. Tallahassee fl

City & State: Tallahassee fl

Zip: 32308 Country: Leon

Zip: 32317 Country: Leon

09232009 REIN-LLC CR2E101 (1/07)

4. FEI Number: Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
DO. XUAN  
1113 EUREKA CT.  
TALLAHASSEE, FL 32317

7. Name and Address of New Registered Agent  
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: Leon DO (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$277.50**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: DO. XUAN STREET ADDRESS: 1113 EUREKA CT. CITY-ST-ZIP: TALLAHASSEE, FL 32317	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: MGRM NAME: BAKER, THI STREET ADDRESS: 3495 THOMASVILLE RD SUITE 304 CITY-ST-ZIP: TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: <b>REINSTATEMENT</b> STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: 2008, 2009 STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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: Leon DO Date: 9-23-09

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