

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000116586

Entity Name: THE LASH STUDIO, LLC

FILED
Oct 09, 2009
Secretary of State

Current Principal Place of Business:

9120 CHRYSANTHEMUM DR
BOYNTON BEACH, FL 33437

New Principal Place of Business:

170 NE 2 AVE
DELRAY BEACH, FL 33444

Current Mailing Address:

9120 CHRYSANTHEMUM DR
BOYNTON BEACH, FL 33437

New Mailing Address:

170 NE 2 AVE
DELRAY BEACH, FL 33444

FEI Number: 26-1284590 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:

SAMBERG, MIKAELA
9120 CHRYSANTHEMUM DR
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

FERNANDEZ, MIKAELA
9120 CHRYSANTHEMUM DR
BOYNTON BEACH, FL 33437 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: MIKAELA FERNANDEZ

10/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SAMBERG, MIKAELA
Address: 9120 CHRYSANTHEMUM DR
City-St-Zip: BOYNTON BEACH, FL 33437

Title: MGR () Delete
Name: FERNANDEZ, GEORGE D
Address: 9120 CHRYSANTHEMUM DR
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES:

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

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: GEORGIO FERNANDEZ

M

10/09/2009

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