2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
May 08, 2009
Secretary of State

DOCUMENT# L07000119380

Entity Name: SUPREME SPA & THERAPY SALOON, LLC

Current Principal Place of Business:

2021 WESTOVER RESERVE
WINDERMERE, FL 34786 US

New Principal Place of Business:

Current Mailing Address:

2021 WESTOVER RESERVE
WINDERMERE, FL 34786 US

New Mailing Address:

FEI Number: 26-1489981 **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:

THORPE, LYSANDER
6327 PINEY GLEN LANE
ORLANDO, FL 32819 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: LYSANDER THORPE

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: LEONARD, JONISE M
Address: 2021 WESTOVER RESERVE
City-St-Zip: WINDERMERE, FL 34786 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LEONARD, JONISE M
Address: 2021 WESTOVER RESERVE
City-St-Zip: WINDERMERE, FL 34786 US

Title: MGR ( ) Change (X) Addition
Name: LHERISSON, DOMOND
Address: 4959 N STR 7 STE A
City-St-Zip: TAMARAC, FL 33319 US

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: JONISE LEONARD MGRM 05/08/2009

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