## 2015 LIMITED LIABILITY COMPANY REINSTATEMENT



DOCUMENT # L08000016711  1. Entity Name EVOLUTION DAY SPA LLC					15 HAR 18 AM		
1			10		SECRETAR OF TALLAPASSEE	- 0.1582 - 0.21 <b>04</b>	
Principal Place of Business Mailing Address					BALL MISMOGILE	- Marian	
3278-B CRAWFORDVILLE HIGHWAY 3278-B CRAWFORDVILLE CRAWFORDVILLE, FL 32327 CRAWFORDVILLE, FL 32							
Principal Place of Business - No P.O. Box # 3. Mailing Address							
Suite, Apt #, etc Suite, Apt #		Suite, Apt #, etc.	t #, etc.		03182015 REIN-LLC	CR2E101 (12/1	1)
City & State		City & State			4. FEI Number 26-2021633	<del></del>	pplied For lot Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired	S5.00 Ad	ditional
	6. Name and Address of Current	t Registered Agent			7. Name and Address of New Re	gistered Agent	
KEEL, LASHELLE 58 SIOUX CIRCLE			Nam	° 4	1 Kimbaly	,	-
			Street Address		P.O. Box Number is Not Acceptable)	CF	
HAVANA,	FL 32333			·	1 11	72	272
			City	Cro	inford tille	FL Zip Cor	de /
	named entity submits this statement for	or the purpose of changing its	registered offic	e or register	ed agent, or both, in the State of Flori	ida. I am familiar with	, and accept
lite obligat	ions opregisation agent.						
SIGNATURE	July -						
	Signature, typed or printed name of registered agent	I and title if applicable (NOTE	: Registered Agent	ignatum mqui	red when reinstating)	DATE	
	Signature typed or printed name of registered agent  E NOW!!! FEE IS \$238.75  uary 1, 2016, Fee will be \$377.56		: Registered Agent	signature requi	Make	check payable to	tė,
After Janu	E NOW!!! FEE IS \$238.75 uary 1, 2016, Fee will be \$377.50	0		ignature requi	Make	check payable to Department of Sta	te:
After Janu	E NOW!!! FEE IS \$238.75 uary 1, 2016, Fee will be \$377.56	O ERS/MANAGERS	10.	ignature requi	Make	icheck payable to Department of Sta CHANGES	te:
After Janu	E NOW!!! FEE IS \$238.75 uary 1, 2016, Fee will be \$377.50	0		signature requi	Make	check payable to Department of Sta	te:
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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:** 

SIGNATURE AND TYPED OB RINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

E-MAIL ADDRESS