

2015 LIMITED LIABILITY COMPANY REINSTATEMENT


APPROVED
AND
FILED

15 MAR 18 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L08000016711

1. Entity Name
EVOLUTION DAY SPA LLC



Principal Place of Business
3278-B CRAWFORDVILLE HIGHWAY
CRAWFORDVILLE, FL 32327

Mailing Address
3278-B CRAWFORDVILLE HIGHWAY
CRAWFORDVILLE, FL 32327

2. Principal Place of Business - No P.O. Box #
Suite, Apt #, etc.

3. Mailing Address
Suite, Apt #, etc.

City & State
City & State

Zip
Country

Zip
Country

03182015 REIN-LLC CR2E101 (12/11)

4. FEI Number
26-2021633

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
KEEL, LASHELLE
58 SIOUX CIRCLE
HAVANA, FL 32333

7. Name and Address of New Registered Agent
Name *Ly Kimberly*
Street Address (P.O. Box Number is Not Acceptable) *23 Bayland Ct*
City *Crawfordville* FL Zip Code *32327*

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$238.75
After January 1, 2016, Fee will be \$377.50

Make check payable to:
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LY, KIMBERLY 3278-B CRAWFORDVILLE HIGHWAY CRAWFORDVILLE, FL 32327 <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	MGRM DANG, ANSON 3278-B CRAWFORDVILLE HIGHWAY CRAWFORDVILLE, FL 32327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* Date _____ E MAIL ADDRESS _____

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