

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000048768

**Entity Name:** RAVIN HAIR, LLC

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

4285 CYPRESS DRIVE  
SAINT CLOUD, FL 34772

**New Principal Place of Business:**

**Current Mailing Address:**

4285 CYPRESS DRIVE  
SAINT CLOUD, FL 34772

**New Mailing Address:**

**FEI Number:** 26-2623910      **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:**

**Name and Address of New Registered Agent:**

SCHWARTZKOPF, ELIZABETH  
4285 CYPRESS DRIVE  
SAINT CLOUD, FL 34772      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: ELIZABETH J SCHWARTZKOPF

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** SCHWARTZKOPF, ELIZABETH J  
**Address:** 4285 CYPRESS DRIVE  
**City-St-Zip:** SAINT CLOUD, FL 34772

I hereby 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: ELIZABETH J. SCHWARTZKOPF

MGR

04/20/2010

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