

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000076963

Entity Name: THE HAIR DISTRICT, LLC

**FILED**  
**Aug 28, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

19451 SHERIDAN STREET  
#166  
PEMBROKE PINES, FL 33332

## **Current Mailing Address:**

19451 SHERIDAN STREET  
#166  
PEMBROKE PINES, FL 33332

## **New Principal Place of Business:**

18459 PINES BLVD  
#166  
PEMBROKE PINES, FL 33029

## **New Mailing Address:**

18459 PINES BLVD  
#166  
PEMBROKE PINES, FL 33029

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

FINCHER, KINYETTE  
19451 SHERIDAN STREET  
#166  
PEMBROKE PINES, FL 33332 US

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

FINCHER, KINYET  
18459 PINES BLVD  
#166  
PEMBROKE PINES, FL 33029 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: KINYET FINCHER

08/28/2011

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: KINYET, FINCHER  
Address: 18459 PINES BLVD #166  
City-St-Zip: PEMBROKE PINES, FL 33029

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: KINYET FINCHER

MRS

08/28/2011

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