

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000100323

FILED
Oct 19, 2009
Secretary of State

Entity Name: NEW TAMPA CUTS AND FADES, LLC

Current Principal Place of Business:

19058 BRUCE B DOWNS BLVD
B-13
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

PO BOX 46204
TAMPA, FL 33646

New Mailing Address:

FEI Number: 61-1582235 **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:

SUMMERVILLE, CHAVEZ M
19058 BRUCE B DOWNS BLVD
B-13
TAMPA, FL 33647 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: ALICIA SUMMERVILLE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: MOSLEY, DAMIEN
Address: 19058 BRUCE B DOWNS BLVD B-13
City-St-Zip: TAMPA, FL 33647

Title: MGR (X) Change () Addition
Name: SUMMERVILLE, CHAVEZ
Address: 19058 BRUCE B DOWNS BLVD B-13
City-St-Zip: TAMPA, FL 33647

Title: MGR () Delete
Name: SUMMERVILLE, ALICIA M
Address: 19058 BRUCE B DOWNS BLVD B-13
City-St-Zip: TAMPA, FL 33647

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Delete
Name: SUMMERVILLE, CHAVEZ
Address: 19058 BRUCE B DOWNS BLVD
City-St-Zip: TAMPA, FL 33647

Title: MGR (X) Change () Addition
Name: MOSLEY, DAMIEN
Address: 19058 BRUCE B DOWNS BLVD
City-St-Zip: TAMPA, FL 33647

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: ALICIA SUMMERVILLE

MGR

10/19/2009

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