

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000017185

**FILED**  
**Mar 13, 2012**  
**Secretary of State**

**Entity Name:** DEFINE YOUR LOOK FASHION THERAPY, LLC

**Current Principal Place of Business:**

14058 WATERVILLE CIRCLE  
TAMPA, FL 33626

**New Principal Place of Business:**

17631 ARCHLAND PASS RD  
LUTZ, FL 33558

**Current Mailing Address:**

14058 WATERVILLE CIRCLE  
TAMPA, FL 33626

**New Mailing Address:**

17631 ARCHLAND PASS RD  
LUTZ, FL 33558

**FEI Number:** 26-3589748

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DOWNS, DAVID  
8412 SEVEN COVES CT  
TAMPA, FL 33634 US

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

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: DAVID DOWNS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: IVY, EMILIA R  
Address: 17631 ARCHLAND PASS RD  
City-St-Zip: LUTZ, FL 33558

Title: MGRM  
Name: IVY, COREY T  
Address: 17631 ARCHLAND PASS RD  
City-St-Zip: LUTZ, FL 33558

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: EMILIA IVY

MGRM

03/13/2012

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