

2010 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

10 NOV 18 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L09000098475

1. Entity Name
BEL CHEVE BEAUTY SALON LLC



Principal Place of Business
**1140 SE CAPITAL CIRCLE
SUITE 10
TALLAHASSEE, FL 32301**

Mailing Address
**1140 SE CAPITAL CIRCLE
SUITE 10
TALLAHASSEE, FL 32301**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

11182010 REIN-LLC CR2E101 (1/07)

4. FEI Number
80-0459038

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**LABOUNTY, LAURIE
1140 SE CAPITAL CIRCLE SE
SUITE 10
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 *Laurie Labounty* (NOTE: Registered Agent signature required when reinstating) DATE **11/18/2010**

**FILE NOW!!! FEE IS \$238.75
After January 1, 2011, 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	MGR LABOUNTY, LAURIE 1140 SE CAPITAL CIRCLE SUITE 10 TALLAHASSEE, FL 32301 <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: *Laurie Labounty* DATE: **11/18/2010** DAYTIME PHONE: **850 270 9090**

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

BelchereBeautySalon@comcast.net