

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000044180

**FILED**  
**May 29, 2012**  
**Secretary of State**

**Entity Name:** SAMUELS BEAUTIFUL REMODELING SERVICES, LLC

**Current Principal Place of Business:**

505 NW 214 STREET  
#107  
MIAMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

505 NW 214 STREET  
#107  
MIAMI, FL 33169

**New Mailing Address:**

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

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

SAMUELS, MICHELLE  
505 NW 214 STREET  
#107  
MIAMI, FL FL 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: CLEVE ESRON SAMUELS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SAMUELS, CLEVE E  
Address: 505 NW 214 STREET #107  
City-St-Zip: MIAMI, FL 33169

Title: MGRM  
Name: SAMUELS, MICHELLE  
Address: 505 NW 214 STREET #107  
City-St-Zip: MIAMI, FL 33169

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: CLEVE ESRON SAMUELS

MR

05/29/2012

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