

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000132159

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** RISEE'S HAIR LLC

**Current Principal Place of Business:**

1751 UNIVERSITY BLVD  
JACKSONVILLE, FL 32216 US

**New Principal Place of Business:**

**Current Mailing Address:**

1751 UNIVERSITY BLVD  
JACKSONVILLE, FL 32216 US

**New Mailing Address:**

**FEI Number:** 27-4416291

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEST, SYLEAN  
1751 UNIVERSITY BLVD  
JACKSONVILLE, FL 32216 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:** SYLEAN WEST

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** WEST, SYLEAN  
**Address:** 8942 ELIZABETH FALLS DR  
**City-St-Zip:** JACKSONVILLE, FL 32257 US

**Title:** MGRM  
**Name:** WEST, MARVIN  
**Address:** 8942 ELIZABETH FALLS DR  
**City-St-Zip:** JACKSONVILLE, FL 32257 US

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:** SYLEAN WEST

MGRM

05/01/2012

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