

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000022860

**Entity Name:** STIGMA TATTOO BAR LLC

**FILED**  
**Oct 11, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

17 SOUTH ORANGE AVE.  
ORLANDO, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

9204 TIBET POINTE CIRCLE  
WINDERMERE, FL 34786

**New Mailing Address:**

17 SOUTH ORANGE AVE.  
ORLANDO, FL 32301

**FEI Number:** 27-4731799

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WELLS, KELLY  
9204 TIBET POINTE CIRCLE  
WINDERMERE, FL 34786 US

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

WELLS, KELLY  
8560 ABBOTSBURY DR  
WINDERMERE, FL 34786 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: KELLY WELLS

10/11/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WELLS, KELLY  
Address: 8560 ABBOTSBURY DR  
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM  
Name: WELLS, DANIEL  
Address: 8560 ABBOTSBURY DR  
City-St-Zip: WINDERMERE, FL 34786

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: KELLY WELLS

MGRM

10/11/2013

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