

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000041252

**FILED**  
**Oct 07, 2013**  
**Secretary of State**

**Entity Name:** NAPLES ACADEMY OF BEAUTY, LLC

**Current Principal Place of Business:**

7740 PRESERVE LANE  
STE 5  
NAPLES, FL 34119

**New Principal Place of Business:**

**Current Mailing Address:**

7740 PRESERVE LANE  
STE 5  
NAPLES, FL 34119

**New Mailing Address:**

**FEI Number:** 26-3137876

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALLARD, CRAIG  
7740 PRESERVE LN  
NAPLES, FL 34119 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: CRAIG ALLARD

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ALLARD, CRAIG  
Address: 7740 PRESERVE LN  
City-St-Zip: NAPLES, FL 34119 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: CRAIG ALLARD

MGRM

10/07/2013

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