

# 2014 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED  
AND  
FILED

14 FEB 25 PM 4:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L11000071993</b> 1. Entity Name ANOINTED TOO BEAUTY SALON L.L.C.					
Principal Place of Business 2790-2 WEST TENN ST TALLAHASSEE, FL 32304			Mailing Address PO BOX 21346 TALLAHASSEE, FL 32316		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02252014 REIN-LLC CR2E101 (12/11)	
Zip		Country		4. FEI Number <b>45-2599984</b>	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STALLWORTH, TRACEY 2790-2 WEST TENN ST TALLAHASSEE, FL 32304			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 <i>Tracey Stallworth</i> (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$377.50</b>			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STALLWORTH, ALISON		NAME		
STREET ADDRESS	PO BOX 21346		STREET ADDRESS		
CITY- ST- ZIP	TALLAHASSEE, FL 32316		CITY- ST- ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STALLWORTH, TRACEY		NAME	<i>AMBER Tracey Stallworth</i>	
STREET ADDRESS	PO BOX 21346		STREET ADDRESS	<i>P.O. Box 21346</i>	
CITY- ST- ZIP	TALLAHASSEE, FL 32316		CITY- ST- ZIP	<i>Tallahassee, FL 32316</i>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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: <i>Tracey Stallworth</i> <i>Tracey Stallworth</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date E-MAIL ADDRESS <i>@gmail.com</i>					

K. ASHTON