

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000034039

Entity Name: BEAUTY CONTACT LLC

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

**Current Principal Place of Business:**

12556 WEST ATLANTIC BLVD.  
CORAL SPRINGS, FL 33071 US

**New Principal Place of Business:**

**Current Mailing Address:**

12556 WEST ATLANTIC BLVD.  
CORAL SPRINGS, FL 33071 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

STEPHEN, ALWYN  
12556 WEST ATLANTIC BLVD.  
CORAL SPRINGS, FL 33071 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: ALWYN

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: STEPHEN, ALWYN  
Address: 12556 WEST ATLANTIC BLVD.  
City-St-Zip: CORAL SPRINGS, FL 33071

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: ALWYN

MR

10/07/2013

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