

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

2024 NOV -5 PM 4:34

STATE OF FLORIDA

800439166028 11/06/24--01003--001 **377.50

DOCUMENT # L16000195701

1. Limited Liability Company's Name Sugar Bliss Spa LLC

2. Principal Office Address - No P.O. Box # 7901 4th St Suite, Apt. #, etc. 10881 City & State St. Petersburg, FL Zip 33702 Country USA

8. Name and Address of Current Registered Agent Name: Erika Thompson Street Address: 7901 4th St Apt. #, Etc. #10881 City: St. Petersburg, FL State: FL Zip Code: 33702

4. State/Country of Formation Florida/USA 5. Date Organized or Qualified To Do Business in Florida 10/24/2016 6. FEI Number 87-1738729 7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a certificate of status

REINSTATEMENT 2023-2024

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent: [Signature] Date: October 30, 2024 REGISTERED AGENT MUST SIGN

Table with 4 columns: Titles, Name of Authorized Representatives/Managers, Street Address of Each Authorized Representative/Manager, City / State / Zip. Row 1: AMBR, Erika Thompson, 7901 4th St #10881 St. Petersburg, FL, St. Petersburg, FL 33702. Date: NOV 5 2024, M. WILLIAMS

11. E-mail Address: wellness@paloma9.com (To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. Signature of authorized representative/member: [Signature] Date: 10/30/24 Daytime Phone #: (954)-999-6419