



# Idaho Limited Liability Company Reinstatement Form

File online at: [sosbiz.idaho.gov](http://sosbiz.idaho.gov) Reinstatement fee: \$30.00.

Return completed form to:

Idaho Secretary of State  
Attn: Reinstatements  
450 North 4th Street  
Boise, ID 83720  
Phone: (208) 334-2300

For Office Use Only

**-FILED-**

File #: 0005657906

Date Filed: 3/22/2024 2:34:00 PM

SOS Control Number: 361398

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 02/24/2012

Formation Locale: ID

**Name and Mailing Address:**

STUDIO AN ELITE SALON SPA LLC (THE)  
STE 105  
702 W IDAHO ST  
BOISE, ID 83702-8906

(1) Add or Change Mailing Address:

~~702 W~~ 144 E WINDEMERE AVE  
Royal Oak, MI 48073

**Registered Agent (RA) and Registered Office (RO) Address:**

David Madvin  
702 W IDAHO STREET # 105  
BOISE, ID 83702

(2) Change RA and/or RO Address:

~~702 W~~

Note: The Registered Office address must be a physical Idaho address (no postal box).

**(3) New Registered Agent (RA) Signature:**

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Manager/Member	Name	Business Address	City, State, Zip
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	DAVID MADVIN	144 E WINDEMERE AVE	Royal Oak, MI 48073
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

*[Signature]*

(6) Date:

3-22-2024

(7) Type/Print Name:

DAVID MADVIN

(8) Title:

MANAGER

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30.00.

Sign and date this form and return to the address provided above.

B0885-2401 03/22/2024 2:34 PM Received by Office of the Idaho Secretary of State