

**2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Oct 15, 2009  
Secretary of State**

DOCUMENT# L08000071384

Entity Name: AGELESS SOLUTIONS SKIN CARE, L.L.C.

**Current Principal Place of Business:**

300 SOUTH DUNCAN AVENUE  
214-A  
CLEARWATER, FL 33755

**New Principal Place of Business:**

1585 MAIN ST  
DUNEDIN, FL 34698

**Current Mailing Address:**

1432 LEMON ST.  
CLEARWATER, FL 33756

**New Mailing Address:**

FEI Number: 26-3343689      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

COOK, APRIL A  
1432 LEMON ST.  
CLEARWATER, FL 33756      US

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: APRIL COOK

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: COOK, APRIL A  
Address: 1432 LEMON ST  
City-St-Zip: CLEARWATER, FL 33756

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: APRIL COOK

MGR

10/15/2009

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