

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**


FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 120000012569

1. Limited Liability Company's Name

Skincare SRQ

2. Principal Office Address - No P.O. Box #

2914 Bee Ridge Rd.

Suite, Apt. #, etc.

City & State

Sarasota FL

Zip

34239

Country

USA

3. Mailing Office Address

4012 Groveland Ave

Suite, Apt. #, etc.

City & State

Sarasota FL

Zip

34231

Country

8. Name and Address of Current Registered Agent

Name

Ulrika Eliasson

Street Address (P.O. Box Number is Not Acceptable) Suite,

4012 Groveland Ave.

Apt. #, Etc.

Sarasota

City

State
FL

Zip Code

34231

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

Ulrika Eli

REGISTERED AGENT MUST SIGN

Date

12/28/15

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Owner	Ulrika Eliasson	4012 Groveland Ave	Sarasota FL 34231

11. E-mail Address

Ulrikalm@gmail.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. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Ulrika Eli

Date

12/28/15

Daytime Phone #

(941) 726-4666

FILED

15 DEC 31 AM 9:00

RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

CR2E041 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$55.00: Additional Fee required
for a certificate of status

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12/31/15--01012--004 **238.75