

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000021273

Entity Name: GENTLELASE CLINICS, LLC

FILED
Sep 28, 2009
Secretary of State

Current Principal Place of Business:

4680 MILLENIA PLAZA WAY
ORLANDO, FL 32839 US

New Principal Place of Business:

Current Mailing Address:

4680 MILLENIA PLAZA WAY
ORLANDO, FL 32839 US

New Mailing Address:

FEI Number: 56-2505618 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:

DBA: ELASE MEDICAL SPAS
4680 MILLENIA PLAZA WAY
ORLANDO, FL 32839 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: RACHEL MCMURTREY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCMURTREY, RACHEL
Address: 8040 ST. ANDREWS CIRCLE
City-St-Zip: ORLANDO, FL 32835 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: MCMURTREY, STEPHEN
Address: 8040 ST. ANDREWS CIRCLE
City-St-Zip: ORLANDO, FL 32835

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: RACHEL MCMURTREY

MGR

09/28/2009

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