

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000117583

1. Entity Name  
VEIN CLINIC OF THE PALM BEACHES, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATE REGISTRATION

08 JAN 16 AM 8:50

Principal Place of Business  
1920 PALM BEACH LAKE BLD. SUITE 115  
WEST PALM BEACH, FL 33409

Mailing Address  
255 EVERNIA STREET, APT. 1008  
WEST PALM BEACH, FL 33401-5686



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102008 REIN-LLC CR2E101 (1/07)

City & State

City & State

4. FEI Number  
03-0575908

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSAS, LUIS R  
255 EVERNIA STREET, APT. 1008  
WEST PALM BEACH, FL 33401-5686

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01/10/2008

FILE NOW!!! FEE IS \$377.50

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
ROSAS, LUIS R  
255 EVERNIA STREET, APT. 1008  
WEST PALM BEACH, FL 334015686

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

01/10/2008 (561) 252-4425

REINSTATEMENT 07-08