

2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000055635

FILED
Apr 07, 2010
Secretary of State

Entity Name: AARME AESTHETIC INSTITUTE, LLC

Current Principal Place of Business:

220 EAST CENTRAL PARKWAY, SUITE 2030
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

1726 MEDICAL BVD.
STE # 203
NAPLES, FL 34110

Current Mailing Address:

220 EAST CENTRAL PARKWAY, SUITE 2030
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

1726 MEDICAL BLVD.
STE # 203
NAPLES, FL 34110

FEI Number: 16-1766265 **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:

THE HEALTH LAW FIRM
1101 DOUGLAS AVENUE
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

ANITA, S FARRIS
14589 JUNIPER PT. LN.
NAPLES, FL 34110 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: ANITA S. FARRIS

04/07/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES
Name: BUCKLEY, MADISON H MGRM
Address: 14589 JUNIPER
City-St-Zip: NAPLES, FL 34110

Title: V.P.
Name: FARRIS, ANITA S MGRM
Address: 14589 JUNIPER
City-St-Zip: NAPLES, FL 34110

I hereby 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: ANITA S. FARRIS

V

04/07/2010

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