

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000010105

**FILED**  
**Mar 18, 2014**  
**Secretary of State**

**Entity Name:** AESTHETIC SMILES BY DESIGN LLC

**Current Principal Place of Business:**

12741 MIRAMAR PKWY  
201  
MIRAMAR, FL 33327

**New Principal Place of Business:**

**Current Mailing Address:**

12741 MIRAMAR PKWY  
201  
MIRAMAR, FL 33327

**New Mailing Address:**

**FEI Number:** 01-0921512

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MASSO-TORO, LILIANA  
12741 MIRAMAR PKWY  
2-201  
MIRAMAR, FL 33327 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:** LILIANA MASSO-TORO

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

**Title:** MGR  
**Name:** MASSO-TORO, LILIANA  
**Address:** 16251 GOLF CLUB RD SUITE 6-211  
**City-St-Zip:** WESTON, FL 33326

**Title:** MGRM  
**Name:** MASSO-BLAZQUEZ, ORFFA  
**Address:** 640 PALM BLVD  
**City-St-Zip:** WESTON, FL 33326

**Title:** MGRM  
**Name:** BLAZQUEZ, JESUS  
**Address:** 640 PALM BLVD  
**City-St-Zip:** WESTON, FL 33326

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

**SIGNATURE:** LILIANA MASSO-TORO

MGR

03/18/2014

Electronic Signature of Authorized Person

Date