

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000090423

Entity Name: ELITE SURGICAL SPA, LLC.

**FILED**  
**Oct 01, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

15410 SW 74 CIRCLE CT  
1307  
MIAMI, FL 33193

## **New Principal Place of Business:**

186 SE 12 TERRACE  
1808  
MIAMI, FL 33131

## **Current Mailing Address:**

15410 SW 74 CIRCLE CT  
1307  
MIAMI, FL 33193

## **New Mailing Address:**

186 SE 12 TERRACE  
1808  
MIAMI, FL 33131

FEI Number: 27-1173307

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MARTINEZ, ANA M  
15410 SW 74 CIRCLE CT. # 1307  
MIAMI, FL 33193 US

## **Name and Address of New Registered Agent:**

MARTINEZ, ANA M  
186 SE 12 TERRACE  
1808  
MIAMI, FL 33131 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: ANA MARIA MARTINEZ

10/01/2012

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MARTINEZ, ANA M  
Address: 186 SE 12 TERRACE  
City-St-Zip: MIAMI, FL 33131

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: ANA MARIA MARTINEZ

MGR

10/01/2012

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