

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000010657

**FILED**  
**Jan 20, 2012**  
**Secretary of State**

**Entity Name:** S. L. WEIGHT MANAGEMENT MEDICAL SPA, L.L.C

**Current Principal Place of Business:**

8890 WEST OAKLAND PARK BLVD  
SUITE 203  
SUNRISE, FL 333517224 US

**New Principal Place of Business:**

**Current Mailing Address:**

8890 WEST OAKLAND PARK BLVD  
SUITE 203  
SUNRISE, FL 333517224 US

**New Mailing Address:**

**FEI Number:** 27-1808456

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LI, GENE  
8890 WEST OAKLAND PARK BLVD  
SUITE 203  
SUNRISE, FL 33351 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: GENE LI

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LI, SOLING  
Address: 8890 WEST OAKLAND PARK BLVD SUITE 203  
City-St-Zip: SUNRISE, FL 33351

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: SOLING LI

MGRM

01/20/2012

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