

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000073546

**FILED**  
**Aug 25, 2014**  
**Secretary of State**

**Entity Name:** NEW LEAF SKINCARE, L.L.C.

**Current Principal Place of Business:**

5450 MACDONALD AVE.  
SUITE 4  
KEY WEST, FL 330405906

**New Principal Place of Business:**

5450 MACDONALD AVE.  
SUITE 5  
KEY WEST, FL 330405906

**Current Mailing Address:**

5450 MACDONALD AVE.  
SUITE 4  
KEY WEST, FL 330405906

**New Mailing Address:**

5450 MACDONALD AVE.  
SUITE 5  
KEY WEST, FL 330405906

**FEI Number:** 01-0975561

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GRIER, RENEE  
25359 SECOND ST.  
SUMMERLAND KEY, FL 33042 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: RENEE S. GRIER

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGR  
Name: GRIER, RENEE  
Address: 25359 SECOND ST  
City-St-Zip: SUMMERLAND KEY, FL

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: RENEE S GRIER

MGRM

08/25/2014

Electronic Signature of Authorized Person

Date