

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000068813

**FILED**  
**May 31, 2013**  
**Secretary of State**

**Entity Name:** EMERALD COAST MED SPA LLC

**Current Principal Place of Business:**

618 SANDALLWOOD DRIVE  
DESTIN, FL 32541

**New Principal Place of Business:**

8123 NAVARRE PARKWAY  
NAVARRE, FL 32566

**Current Mailing Address:**

618 SANDALLWOOD DRIVE  
DESTIN, FL 32541

**New Mailing Address:**

8123 NAVARRE PARKWAY  
NAVARRE, FL 32566

**FEI Number:** 45-2519023

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILBANKS, STEPHANIE  
618 SANDALLWOOD DRIVE  
DESTIN, FL 32541 US

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

WILBANKS, STEPHANIE  
8123 NAVARRE PARKWAY  
NAVARRE, FL 32566 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: STEPHANIE WILBANKS

05/31/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGMR  
Name: WILBANKS, STEPHANIE  
Address: 8123 NAVARRE PARKWAY  
City-St-Zip: NAVARRE, FL 32566

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: STEPHANIE WILBANKS

MGMR

05/31/2013

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