

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000058868

**FILED**  
**Oct 03, 2014**  
**Secretary of State**

**Entity Name:** TRES JOLIE MEDICAL AESTHETICS PLLC

**Current Principal Place of Business:**

2032 ALAQUA DR.  
LONGWOOD, FL 32779 US

**New Principal Place of Business:**

**Current Mailing Address:**

2032 ALAQUA DR.  
LONGWOOD, FL 32779 US

**New Mailing Address:**

**FEI Number:** 46-2607927      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

LESKANIC, SUSAN  
2032 ALAQUA DR.  
LONGWOOD, FL 32779 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: SUSAN LESKANIC

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGRM  
Name: LESKANIC, SUSAN  
Address: 2032 ALAQUA DR.  
City-St-Zip: LONGWOOD, FL 32779 US

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: SUSAN LESKANIC

MRS

10/03/2014

Electronic Signature of Authorized Person

Date