

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M05000003077

FILED
Oct 25, 2006
Secretary of State

Entity Name: RADIANCE MEDSPA OF WESTON,FLORIDA, PLLC

Current Principal Place of Business:

4551 WESTON RD.
WESTON, FL 33331

New Principal Place of Business:

Current Mailing Address:

4551 WESTON RD.
WESTON, FL 33331

New Mailing Address:

FEI Number: 75-3192248

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALFONSO, JUAN O
131 BAY COLONY DRIVE
FORT LAUDERDALE, FL 33308 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: JUAN O. ALFONSO

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ALFONSO, JUAN O
Address: 131 BAY COLONY DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: MGR () Delete
Name: BEHAR, CARLOS
Address: 70 BAY COLONY DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: BEJAR, CARLOS
Address: 70 BAY COLONY DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33308

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: JUAN O. ALFONSO

MGR

10/25/2006

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