

**2018 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L17000058159

**Entity Name:** SKIN DEEP MEDSPA LLC

**Current Principal Place of Business:**

804 NE 6TH STREET  
HALLANDALE, FL 33009

**Current Mailing Address:**

804 NE 6TH STREET  
HALLANDALE, FL 33009 US

**FEI Number:** 47-5005396

**Certificate of Status Desired:** No

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

MCBRIDE, STORMY GALE  
5237 SUMMERLIN COMMONS  
SUITE 400  
FORT MYERS, FL 33907 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:** STORMY GALE MCBRIDE

11/16/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            AMBR  
Name            MCBRIDE, STORMY  
Address        804 NE 6TH STREET  
City-State-Zip: HALLANDALE FL 33009

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STORMY GALE MCBRIDE

PRESIDENT

11/16/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date