

**2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L17000223388

**Entity Name:** MEDCARE & AESTHETICS, LLC

**Current Principal Place of Business:**

4243 W HILLSBORO BLVD.  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

4243 W HILLSBORO BLVD.  
COCONUT CREEK, FL 33073 US

**FEI Number:** 82-3228337

**Certificate of Status Desired:** No

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

CHAJON, INGRID  
4243 WEST HILLSBORO BLVD  
COCONUT CREEK, FL 33073 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:** INGRID CHAJON

10/02/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name CHAJON, INGRID  
Address 4243 W HILLSBORO BLVD  
City-State-Zip: COCONUT CREEK FL 33073

*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:** INGRID CHAJON

MGR

10/02/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date