

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000007570

FILED
Mar 07, 2008
Secretary of State

Entity Name: PERFORMANCE BODYWORK, LLC

Current Principal Place of Business:

28977 OLD TRILBY ROAD
C/O JULIE ANNE O'NEIL
BROOKSVILLE, FL 34602

New Principal Place of Business:

9920 NW 156 AVE
C/O JULIE ANNE O'NEIL
ALACHUA, FL 32615

Current Mailing Address:

28977 OLD TRILBY ROAD
C/O JULIE ANNE O'NEIL
BROOKSVILLE, FL 34602

New Mailing Address:

PO BOX 85
C/O JULIE ANNE O'NEIL
LOWELL, FL 32663

FEI Number: 76-0814023 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

O'NEIL, JULIE A
28977 OLD TRILBY ROAD
BROOKSVILLE, FL 34602 US

Name and Address of New Registered Agent:

O'NEIL, JULIE A
9920 NW 156TH AVE
ALACHUA, FL 32615 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: JULIE A O'NEIL

03/07/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: O'NEIL, JULIE A
Address: 28977 OLD TRILBY ROAD
City-St-Zip: BROOKSVILLE, FL 34602

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: O'NEIL, JULIE A
Address: 9920 NW 156TH AVE
City-St-Zip: ALACHUA, FL 32615

I hereby certify that the information supplied with this filing does not qualify 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: JULIE A O'NEIL

MGRM

03/07/2008

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