

**2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L15000132558

**Entity Name:** BALANCED NUTRITION AND WELLNESS CONSULTING, LLC

**Current Principal Place of Business:**

4317 ARLEY PLACE  
VALRICO, FL 33596

**Current Mailing Address:**

4317 ARLEY PLACE  
VALRICO, FL 33596 US

**FEI Number:** 47-4729704

**Certificate of Status Desired:** No

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

MARTIN, STEPHANIE K  
4317 ARLEY PLACE  
VALRICO, FL 33596 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:** STEPHANIE MARTIN

10/21/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	AR
Name	MARTIN, STEPHANIE K	Name	MARTIN, CHRISTOPHER J
Address	4317 ARLEY PLACE	Address	4317 ARLEY PLACE
City-State-Zip:	VALRICO FL 33596	City-State-Zip:	VALRICO FL 33596

*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:** STEPHANIE MARTIN

MANAGER

10/21/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date