

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000060751

**FILED**  
**Sep 09, 2009**  
**Secretary of State**

**Entity Name:** NATURAL HEALTH RESOURCES INSTITUTE, A LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

GRAZYNA RICHTER-BEAMAN  
8374 MARKET STREET, #423  
BRADENTON, FL 34202

**New Principal Place of Business:**

**Current Mailing Address:**

GRAZYNA RICHTER-BEAMAN  
8374 MARKET STREET, #423  
BRADENTON, FL 34202

**New Mailing Address:**

**FEI Number:** 20-2032884      **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:**

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

RICHTER-BEAMAN, GRAZYNA  
8374 MARKET STREET  
423  
BRADENTON, FL 34202 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:** GRAZYNA RICHTER-BEAMAN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

**Title:** MGR      ( ) Delete  
**Name:** RICHTER-BEAMAN, GRAZYNA  
**Address:** 8374 MARKET STREET, #423  
**City-St-Zip:** BRADENTON, FL 34202

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

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:** GRAZYNA RICHTER-BEAMAN

MGR

09/09/2009

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