

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000062605

**FILED**  
**Feb 08, 2011**  
**Secretary of State**

**Entity Name:** A HEALTHY EXPERIENCE MASSAGE & SKIN CARE SPA LLC

**Current Principal Place of Business:**

3939 EHRLICH RD  
TAMPA, FL 33624

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 8157  
TAMPA, FL 33674

**New Mailing Address:**

P.O.BOX 8157  
LOL@GMAIL.COM  
TAMPA, FL 33674

**FEI Number:** 30-0273134

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

H. TONI CRUZ, CPA  
3111 W. DR. M. L. KING BLVD.  
SUITE 100, MB K-17  
TAMPA, FL 33607 US

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

H. TONI CRUZ, CPA  
3111 W. DR. M. L. KING BLVD.  
SUITE 100  
TAMPA, FL 33607 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: H. TONI CRUZ

02/08/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WILSON, DOLORES  
Address: 3939 EHRLICH  
City-St-Zip: TAMPA, FL 33624

I hereby 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: DOLORES WILSON

MGRM

02/08/2011

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