

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000025245

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** KATHLEEN WEBER, PHARMD, CPH, LLC

**Current Principal Place of Business:**

2800 SEASPRAY ST.  
SARASOTA, FL 34231

**New Principal Place of Business:**

**Current Mailing Address:**

6579 S. TAMIAMI TRAIL  
PMB 127  
SARASOTA, FL 34231

**New Mailing Address:**

2172 GULF GATE DRIVE  
PMB 127  
SARASOTA, FL 34231

**FEI Number:** 20-3958900      **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:**

WEBER, KATHLEEN  
2800 SEASPRAY ST.  
SARASOTA, FL 34231      US

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

TRUELOVE, KATHLEEN W  
2800 SEASPRAY ST.  
SARASOTA, FL 34231      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: KATHLEEN WEBER TRUELOVE

04/28/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: TRUELOVE, KATHLEEN W  
Address: 2800 SEASPRAY ST.  
City-St-Zip: SARASOTA, FL 34231

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: KATHLEEN WEBER TRUELOVE

MGR

04/28/2010

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