

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000026827

**FILED**  
**Oct 09, 2006**  
**Secretary of State**

**Entity Name:** PULSE PILATES, LLC

**Current Principal Place of Business:**

9412 BOCA RIVER CIRCLE  
BOCA RATON, FL 33434

**New Principal Place of Business:**

9184 GLADES RD  
BOCA RATON, FL 33434 US

**Current Mailing Address:**

9412 BOCA RIVER CIRCLE  
BOCA RATON, FL 33434

**New Mailing Address:**

9412 BOCA RIVER CIRCLE  
BOCA RATON, FL 33434 US

**FEI Number:** 20-2570754      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

ELLIS, SETH E ESQ  
2385 EXECUTIVE CENTER DRIVE STE 190  
BOCA RATON, FL 33431 US

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

KOGELSCHATZ, KYMBERLY B CEO  
9184 GLADES RD  
BOCA RATON, FL 33434 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: KYMBERLY KOGELSCHATZ

10/09/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: CEO ( ) Change (X) Addition  
Name: PULSE PILATES STUDIO,  
Address: 9184 GLADES RD  
City-St-Zip: BOCA RATON, FL 33434 US

I hereby certify that the information supplied with this filing does not qualify for the 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: KYMBERLY KOGELSCHATZ

CEO

10/09/2006

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