

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000045524

**FILED**  
**Nov 24, 2014**  
**Secretary of State**

**Entity Name:** GREEN WAVE FAMILY WELLNESS CENTER, LLC

**Current Principal Place of Business:**

215 FOREST PARK CIRCLE  
PANAMA CITY, FL 32405

**New Principal Place of Business:**

**Current Mailing Address:**

215 FOREST PARK CIRCLE  
PANAMA CITY, FL 32405

**New Mailing Address:**

**FEI Number:** 20-2799185

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOWELL & GOLDEN  
1122 FLORIDA AVE  
LYNN HAVEN, FL 32444 US

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

HSG ACCOUNTING  
2012 LIENBY AVE SUITE A  
PANAMA CITY, FL 32405 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: ERIC HOWELL

11/24/2014

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGR  
Name: CLUXTON, J. CHARLES  
Address: 215 FOREST PARK CIRCLE  
City-St-Zip: PANAMA CITY, FL 32405

Title: MGR  
Name: CLUXTON, TALLIE C  
Address: 215 FOREST PARK CIRCLE  
City-St-Zip: PANAMA CITY, FL 32405

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: JOHN CHARLES CLUXTON

MGR

11/24/2014

Electronic Signature of Authorized Person

Date