

# 2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000023915

**FILED**  
**Apr 09, 2010**  
**Secretary of State**

**Entity Name:** TOTAL WELLNESS PROFESSIONALS, LLC

**Current Principal Place of Business:**

511 SE 5TH AVE APT 1902  
FORT LAUDERDALE, FL 33301 US

**New Principal Place of Business:**

**Current Mailing Address:**

1007 N FEDERAL HWY 138  
FORT LAUDERDALE, FL 33301 US

**New Mailing Address:**

511 SE 5TH AVE APT 1902  
FORT LAUDERDALE, FL 33301 US

**FEI Number:** 20-4438557      **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:**

HECHT, ALI  
511 SE 5TH AVE  
APT 1902  
FORT LAUDERDALE, FL 33301 US

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

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: ALI HECHT

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HECHT, ALI  
Address: 511 SE 5TH AVE APT 1902  
City-St-Zip: FORT LAUDERDALE, FL 33301 US

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: ALI HECHT

MGRM

04/09/2010

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