

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000070549

**Entity Name:** NNI WELLNESS SOLUTIONS, LLC

**FILED**  
**Oct 07, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

1626 GROVE ST.  
CLEARWATER, FL 33755

**New Principal Place of Business:**

**Current Mailing Address:**  
1626 GROVE ST.  
CLEARWATER, FL 33755

**New Mailing Address:**

FEI Number: 02-0782019      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:**      **Name and Address of New Registered Agent:**

NERNGINN, NAIYANA  
1626 GROVE ST.  
CLEARWATER, FL 33755 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: NAIYANA NERNGINN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: NERNGINN, NAIYANA  
Address: 1626 GROVE ST.  
City-St-Zip: CLEARWATER, FL 33755

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: NAIYANA NERNGINN

MNGR

10/07/2007

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