2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 17, 2008
Secretary of State

DOCUMENT# L06000092121

Entity Name: WELLNESS CENTER OF N.M. BCH., LLC

Current Principal Place of Business:

1899 NE 164TH ST.
MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

1899 NE 164TH ST.
MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 83-0468724 **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:

DOYLE, ALLAN CPA
175 FONTAINEBLEAU BLVD., STE. 1-B
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

BROADWATER, AMBER
1899 NE 164TH STREET
MIAMI, FL 33162 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: AMBER BROADWATER 10/17/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: FAILER, RAYMOND V
Address: 1899 NE 164TH ST.
City-St-Zip: MIAMI BEACH, FL 33162

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: RAYMOND FAILER MGR 10/17/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date