

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000092121

**FILED**  
**Feb 26, 2010**  
**Secretary of State**

**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:**

BROADWATER, AMBER  
1899 NE 164TH STREET  
MIAMI, FL 33162    US

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

FAILER, RAYMOND V  
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: RAYMOND V. FAILER

02/26/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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: RAYMOND FAILER

MGR

02/26/2010

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