

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000105824

FILED
Oct 27, 2008
Secretary of State

Entity Name: TREASURE COAST FAMILY WELLNESS, LLC

Current Principal Place of Business:

8929 S.E. BRIDGE ROAD
HOPE SOUND, FL 33455

New Principal Place of Business:

Current Mailing Address:

8929 S.E. BRIDGE ROAD
HOPE SOUND, FL 33455

New Mailing Address:

FEI Number: 20-5772361 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

FILINGS, INC.
3732 NORTHWEST 16TH STREET
FORT LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

WAKULA, JENEANE M MS.
8703 SE SANDCASTLE CIRCLE
HOBE SOUND, FL 33455 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: JENEANE WAKULA

10/27/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GREENWALD, BRETT
Address: 8929 S.E. BRIDGE ROAD
City-St-Zip: HOPE SOUND, FL 33455

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GREENWALD, BRETT
Address: 8929 S.E. BRIDGE ROAD
City-St-Zip: HOBE SOUND, FL 33455

Title: DR. () Change (X) Addition
Name: JOCHUM, CRAIG
Address: 8929 SE BRIDGE ROAD
City-St-Zip: HOBE SOUND, FL 33455

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: CRAIG JOCHUM

MM

10/27/2008

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