

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000114340

FILED
Dec 10, 2007
Secretary of State

Entity Name: RENAISSANCE WELLNESS LLC

Current Principal Place of Business:

5574 SHADDELEE LN
FT MYERS, FL 33919

New Principal Place of Business:

7890 SUMMERLIN LAKES DR.
FT MYERS, FL 33907 US

Current Mailing Address:

5574 SHADDELEE LN
FT MYERS, FL 33919

New Mailing Address:

7890 SUMMERLIN LAKES DR.
FT MYERS, FL 33907 US

FEI Number: 20-5955978 **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:

AGENTS AND CORPORATIONS, INC.
300 FIFTH AVENUE SOUTH
SUITE 101-330
NAPLES, FL 34102 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: DAVID N. WILLIAMS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: YANKOPOLUS, KK MD
Address: 5574 SHADDELEE LN
City-St-Zip: FT MYERS, FL 33919

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: YANKOPOLUS, KK MD
Address: 7890 SUMMERLIN LAKES DR.
City-St-Zip: FT MYERS, FL 33907 US

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: K K YANKOPOLUS

MGR

12/10/2007

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