

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000114340

**FILED**  
**Oct 24, 2011**  
**Secretary of State**

**Entity Name:** RENAISSANCE WELLNESS LLC

**Current Principal Place of Business:**

7890 SUMMERLIN LAKES DR.  
FT MYERS, FL 33907 US

**New Principal Place of Business:**

**Current Mailing Address:**

7890 SUMMERLIN LAKES DR.  
FT MYERS, FL 33907 US

**New Mailing Address:**

**FEI Number:** 20-5955978

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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:**

KONSTANTINE K. YANKOPOLUS  
7890 SUMMERLIN LAKES DR.  
SUITE 103  
FORT MYERS, FL 33907 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: KONSTANTINE K. YANKOPOLUS

10/24/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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: KONSTANTINE K. YANKOPOLUS, M.D.

MGR

10/24/2011

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