

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Dec 04, 2009
Secretary of State**

DOCUMENT# L06000121821

Entity Name: TRADITIONAL HEALING ARTS LLC

Current Principal Place of Business:

New Principal Place of Business:

7758 WALLACE ROAD
STE. X
ORLANDO, FL 32819

Current Mailing Address:

New Mailing Address:

5437 LAKE MARGARET DR
C
ORLANDO, FL 32812

FEI Number: 38-3747882 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:

Name and Address of New Registered Agent:

MOJICA, ANJANETTE
5437 LAKE MARGARET DR
C
ORLANDO, FL 32812 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: ANJANETTE MOJICA

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: MOJICA, ANJANETTE
Address: 5437 LAKE MARGARET DR
City-St-Zip: ORLANDO, FL 32812

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: ANJANETTE MOJICA

MGRM

12/04/2009

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