

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000045687

**FILED**  
**Oct 07, 2009**  
**Secretary of State**

**Entity Name:** EAST WEST HOLISTIC MEDICINE CLINIC, LLC

**Current Principal Place of Business:**

1405 SE GOLDTREE DR.  
SUITE D  
PORT SAINT LUCIE, FL 34952 US

**New Principal Place of Business:**

**Current Mailing Address:**

1405 SE GOLDTREE DR.  
SUITE D  
PORT SAINT LUCIE, FL 34952 US

**New Mailing Address:**

**FEI Number:** 11-3810924      **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:**

KLYUCHKO, NATALYA  
2356 SE HARRINGTON AVE  
PORT SAINT LUCIE, FL 34952 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: NATALYA KLYUCHKO

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KLYUCHKO, NATALYA  
Address: 2356 SE HARRINGTON AVE.  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: MGRM ( ) Delete  
Name: GRINTSVEYG, MIKHAIL  
Address: 2356 SE HARRINGTON AVE.  
City-St-Zip: PORT SAINT LUCIE, FL 34952

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: NATALYA KLYUCHKO

MS

10/07/2009

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