

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000111075

**FILED**  
**Jul 27, 2010**  
**Secretary of State**

**Entity Name:** BEE WELL MASSAGE & THERAPIES, PL

**Current Principal Place of Business:**

435 S.E. ASBURY LN.  
PORT SAINT LUCIE, FL 34983 US

**New Principal Place of Business:**

**Current Mailing Address:**

435 S.E. ASBURY LN.  
PORT SAINT LUCIE, FL 34983 US

**New Mailing Address:**

**FEI Number:** 42-1746353

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

IDEN, CHRISTINE  
435 S.E. ASBURY LN.  
PORT ST. LUCIE, FL 34983 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: CHRISTINE L IDEN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: IDEN, CHRISTINE L  
Address: 435 S.E. ASBURY LN.  
City-St-Zip: PORT SAINT LUCIE, FL 34983 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: CHRISTINE L IDEN

MGR

07/27/2010

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