

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000003939

Entity Name: BALANCED BODY, LLC

**FILED**  
**Oct 01, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

1005 N MACDILL AVE  
TAMPA, FL 33706

**New Principal Place of Business:**

12833 ROYAL GEORGE AVE.  
ODESSA, FL 33556

**Current Mailing Address:**

1005 N MACDILL AVE  
TAMPA, FL 33706

**New Mailing Address:**

12833 ROYAL GEORGE AVE.  
ODESSA, FL 33556

FEI Number: 26-2713844

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MAZUREK, ASHLEY H  
1005 N MACDILL AVE  
TAMPA, FL 33706 US

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

MAZUREK, ASHLEY P  
12833 ROYAL GEORGE AVE.  
ODESSA, FL 33556 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: ASHLEY MAZUREK

10/01/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MAZUREK, ASHLEY  
Address: 1005 N MACDILL AVE  
City-St-Zip: TAMPA, FL 33706

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MAZUREK, ASHLEY  
Address: 12833 ROYAL GEORGE AVE.  
City-St-Zip: ODESSA, FL 33556

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: ASHLEY MAZUREK

PRES

10/01/2009

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