

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000042045

**Entity Name:** MISSION WELLNESS, LLC

**FILED**  
**Dec 14, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

12800 UNIVERSITY DRIVE, SUITE 380  
FORT MYERS, FL 33907 US

**New Principal Place of Business:**

1217 SE 47TH TERRACE  
CAPE CORAL, FL 33904 US

**Current Mailing Address:**

12800 UNIVERSITY DRIVE, SUITE 380  
FORT MYERS, FL 33907 US

**New Mailing Address:**

1217 SE 47TH TERRACE  
CAPE CORAL, FL 33904 US

**FEI Number:** 26-2487385

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TROIANO, JOSEPH A ESQ.  
12800 UNIVERSITY DRIVE, SUITE 380  
FORT MYERS, FL 33907 US

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

LYNETTE, PRITCHARD N  
1217 SE 47TH TERRACE  
CAPE CORAL, FL 33904 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: LYNETTE N. PRITCHARD

12/14/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LYNETTE, PRITCHARD N  
Address: 1217 SE 47TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33904 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: LYNETTE N PRITCHARD

MGRM

12/14/2010

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