

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000071299

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** SUPERIOR BODY SCULPTING & FITNESS, LLC

**Current Principal Place of Business:**

11251 CAMPFIELD DRIVE  
UNIT 1101  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

7651 GATE PARKWAY  
608  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

11251 CAMPFIELD DRIVE  
UNIT 1101  
JACKSONVILLE, FL 32256

**New Mailing Address:**

7651 GATE PARKWAY  
608  
JACKSONVILLE, FL 32256

**FEI Number:** 26-3048579

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCCLAIN, LINTON III  
11251 CAMPFIELD DRIVE  
UNIT 1101  
JACKSONVILLE, FL 32256 US

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

MCCLAIN, LINTON III  
7651 GATE PARKWAY  
608  
JACKSONVILLE, FL 32256 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: LINTON MCCLAIN III

02/17/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MCCLAIN, LINTON III  
Address: 7651 GATE PARKWAY  
City-St-Zip: JACKSONVILLE, FL 32256

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: LINTON MCCLAIN III

MGR

02/17/2011

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