

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000072132

Entity Name: CANCER HEALTH STORE, LLC

FILED
Oct 20, 2009
Secretary of State

Current Principal Place of Business:

13398 SOUTH-WEST 28TH STREET
MIRAMAR, FL 33027 US

New Principal Place of Business:

11352 MIRAMAR PARKWAY
MIRAMAR, FL 33025 US

Current Mailing Address:

13398 SOUTH-WEST 28TH STREET
MIRAMAR, FL 33027 US

New Mailing Address:

FEI Number: 26-3044391 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

SWEETING, DOMINIQUE E
13398 SOUTH-WEST 28TH STREET
MIRAMAR, FL 33027 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: DOMINIQUE SWEETING

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SWEETING, DOMINIQUE E
Address: 13398 SOUTH-WEST 28TH STREET
City-St-Zip: MIRAMAR, FL 33027 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SWEETING, DOMINIQUE E
Address: 11352 MIRAMAR PARKWAY
City-St-Zip: MIRAMAR, FL 33025 US

Title: MGR () Change (X) Addition
Name: SWEETING, RANDY
Address: 11352 MIRAMAR PARKWAY
City-St-Zip: MIRAMAR, FL 33025 US

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: RANDY SWEETING

MGR

10/20/2009

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