

# 2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L09000036136

FILED  
Sep 27, 2011  
Secretary of State

**Entity Name:** FULL MESSAGE THERAPY SERVICES LLC

**Current Principal Place of Business:**

1439 SPRING LOOP WAY  
WINTER GARDEN, FL 34787

**New Principal Place of Business:**

1204 VIZCAYA LAKES  
101  
OCOEE, FL 34761

**Current Mailing Address:**

1439 SPRING LOOP WAY  
WINTER GARDEN, FL 34787

**New Mailing Address:**

1204 VIZCAYA LAKES  
101  
OCOEE, FL 34761

FEI Number: 26-4669262

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MOREJON, IDELFONSO  
1439 SPRING LOOP WAY  
WINTER GARDEN, FL 34787 US

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

MOREJON, IDELFONSO  
1204 VIZCAYA LAKES  
101  
OCOEE, FL 34761 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: IDELFONSO MOREJON

09/27/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MOREJON, IDELFONSO  
Address: 1204 VIZCAYA LAKES 101  
City-St-Zip: OCOEE, FL 34761

Title: MGR  
Name: MUJICA, ROSA  
Address: 1204 VIZCAYA LAKES #101  
City-St-Zip: OCOEE, FL 34761

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: IDELFONSO MOREJON

MGRM

09/27/2011

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