

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000064637

**FILED**  
**Oct 06, 2010**  
**Secretary of State**

**Entity Name:** WELLNESS INITIATIVES, LLC

**Current Principal Place of Business:**

2256 W UNIVERSITY AVE.  
GAINESVILLE, FL 32603 US

**New Principal Place of Business:**

1923 NW 23RD BLVD  
APT 213  
GAINESVILLE, FL 32605 US

**Current Mailing Address:**

P.O. BOX 5063  
GAINESVILLE, FL 32627 US

**New Mailing Address:**

1923 NW 23RD BLVD  
APT 213  
GAINESVILLE, FL 32605 US

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

HAND, KIMBERLY A  
1015 NW 21ST AVE  
APT 315  
GAINESVILLE, FL 32609 US

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

HAND, KIMBERLY A  
1923 NW 23RD BLVD  
APT 213  
GAINESVILLE, FL 32605 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: KIMBERLY HAND

10/06/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HAND, KIMBERLY A  
Address: 1923 NW 23RD BLVD  
City-St-Zip: GAINESVILLE, FL 32605 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: KIMBERLY HAND

MGRM

10/06/2010

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