

2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L09000070675

FILED
Jul 11, 2011
Secretary of State

Entity Name: WEEKEND WARRIOR BRACES LLC

Current Principal Place of Business:

3015 S.W. PINE ISLAND RD.
CAPE CORAL, FL 33991 US

New Principal Place of Business:

Current Mailing Address:

3015 S.W. PINE ISLAND RD.
CAPE CORAL, FL 33991 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD.
SUITE A-100
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

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: JAKE VARGHESE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: FRITZ, AARON
Address: 3015 S.W. PINE ISLAND RD.
City-St-Zip: CAPE CORAL, FL 33991 US

Title: MGRM
Name: DEVITO, BRUNO
Address: 3015 S.W. PINE ISLAND RD.
City-St-Zip: CAPE CORAL, FL 33991 US

Title: MGRM
Name: DEVITO, CAROL
Address: 3015 S.W. PINE ISLAND RD.
City-St-Zip: CAPE CORAL, FL 33991 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: AARON FRITZ

MGRM

07/11/2011

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