

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000079081

**FILED**  
**May 14, 2012**  
**Secretary of State**

**Entity Name:** PHYSIQUE SCULPTED BY KAPRICE LLC.

**Current Principal Place of Business:**

1756 NORTH BAYSHORE DRIVE  
12B  
MIAMI, FL 33132

**New Principal Place of Business:**

253 N.E. 2ND ST  
632 S  
MIAMI, FL 33132

**Current Mailing Address:**

1756 NORTH BAYSHORE DRIVE  
12B  
MIAMI, FL 33132

**New Mailing Address:**

253 N.E. 2ND ST  
632 S  
MIAMI, FL 33132

**FEI Number:** 80-0487830

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLIAMS, KAPRICE L  
1756 NORTH BAYSHORE DRIVE  
12B  
MIAMI, FL 33132 US

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

WILLIAMS, KAPRICE L  
253 N.E.  
632 S  
MIAMI, FL 33132 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: KAPRICE WILLIAMS

05/14/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: WILLIAMS, KAPRICE L  
Address: 253 N.E. 2ND ST APT 632 S  
City-St-Zip: MIAMI, FL 33132

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: KAPRICE WILLIAMS

MGR

05/14/2012

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