

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000119714

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Entity Name:** EMERALD COAST WELLNESS CENTER LLC

**Current Principal Place of Business:**

138 BAYWIND DR.  
NICEVILLE, FL 32578 US

**New Principal Place of Business:**

128 JOHN KING RD  
SUITE 14  
CRESTVIEW, FL 32539 US

**Current Mailing Address:**

138 BAYWIND DR.  
NICEVILLE, FL 32578 US

**New Mailing Address:**

128 JOHN KING RD  
SUITE 14  
CRESTVIEW, FL 32539 US

**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.  
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: BOILINI, MARGARET M  
Address: 128 JOHN KING RD SUITE 14  
City-St-Zip: CRESTVIEW, FL 32539 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: MARGARET M. BOILINI                      MGRM                      02/15/2011

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