

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000015575

**Entity Name:** KNAEFLER ENTERPRISES LLC

**FILED**  
**Oct 04, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

180 S. RONALD REAGAN BLVD  
112  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

180 S. RONALD REAGAN BLVD  
112  
LONGWOOD, FL 32750

**New Mailing Address:**

**FEI Number:** 27-1905961

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HEALTH & BEAUTY CONNECTION LLC  
180 S. RONALD REAGAN BLVD  
#112  
LONGWOOD, FL 32750 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:** DAVID ROSS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** KNAEFLER, JIM  
**Address:** 430 S. CLOVERDALE AVE., #8  
**City-St-Zip:** LOS ANGELES, CA 90036

**Title:** MGRM  
**Name:** KNAEFLER MACDONALD, PAMELA  
**Address:** 430 S. CLOVERDALE AVENUE #8  
**City-St-Zip:** LOS ANGELES, CA 90036

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:** PAMELA MACDONALD

MGRM

10/04/2011

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