

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000070852

**FILED**  
**Feb 25, 2013**  
**Secretary of State**

**Entity Name:** WHOLISTIC CONCEPTS HEALTH & WELLNESS, LLC

**Current Principal Place of Business:**

16409 DUNLINDALE DRIVE  
LITHIA, FL 33547 US

**New Principal Place of Business:**

6121 AVOCETRIDGE DRIVE  
LITHIA, FL 33547 US

**Current Mailing Address:**

16409 DUNLINDALE DRIVE  
LITHIA, FL 33547 US

**New Mailing Address:**

6121 AVOCETRIDGE DRIVE  
LITHIA, FL 33547 US

**FEI Number:** 27-2979841

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLIAMS, ARTHUR L II  
16409 DUNLINDALE DRIVE  
LITHIA, FL 33547 US

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

WILLIAMS, ARTHUR L II  
6121 AVOCETRIDGE DRIVE  
LITHIA, FL 33547 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: ARTHUR L. WILLIAMS, II, MD

02/25/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WILLIAMS, ARTHUR L II  
Address: 16409 DUNLINDALE DRIVE  
City-St-Zip: LITHIA, FL 33547 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: ARTHUR L. WILLIAMS, II, MD

DR.

02/25/2013

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