

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000122257

**FILED**  
**Oct 07, 2011**  
**Secretary of State**

**Entity Name:** THE COMPLETE DIET STORE, LLC

**Current Principal Place of Business:**

537 DOUGLAS AVE.  
SUITE 7B  
DUNEDIN, FL 34698

**New Principal Place of Business:**

**Current Mailing Address:**

537 DOUGLAS AVE.  
SUITE 7B  
DUNEDIN, FL 34698

**New Mailing Address:**

**FEI Number:** 27-4080813

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAVID, FITZGERALD  
611 S. FORT HARRISON  
SUITE 231  
CLEARWATER, FL 33756 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 FITZGERALD

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** EATON-CARDONI, MONICAE  
**Address:** 611 S. FORT HARRISON AVE  
**City-St-Zip:** BELLEAIR, FL 33756

**Title:** MGR  
**Name:** THE INSTITUTE FOR HEALTH & WELLNESS LLC  
**Address:** 400 CLEVELAND STREET, STE. 800  
**City-St-Zip:** CLEARWATER, FL 33755

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:** MONICA EATON-CARDONE

MGR

10/07/2011

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