

# 2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L11000010889

**FILED**  
**Mar 02, 2014**  
**Secretary of State**

**Entity Name:** ARROYO GOLDSTEIN HEALTH SOLUTIONS LLC

**Current Principal Place of Business:**

4885 SE CAPSTAN AVE. #27  
STUART, FL 34997

**New Principal Place of Business:**

4885 SE CAPSTAN AVE. #27  
APT 27  
STUART, FL 34997 UN

**Current Mailing Address:**

7037 SE BIRCHWOOD LN  
STUART, FL 34997 US

**New Mailing Address:**

4885 SE CAPSTAN AVE  
APT 27  
STUART, FL 34997 US

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

GOLDSTEIN, GRETA R  
7037 SE BIRCHWOOD LN  
STUART, FL 34997 US

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

GOLDSTEIN, ANDREW  
4885 SE CAPSTAN AVE  
APT 27  
STUART, FL 34997 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: ANDREW GOLDSTEIN

03/02/2014

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGRM  
Name: GOLDSTEIN, ANDREW C  
Address: 4885 SE CAPSTAN AVE  
City-St-Zip: STUART, FL 34997 US

Title: MGRM  
Name: ARROYO- GOLDSTEIN, GIULIANA K  
Address: 4885 SE CAPSTAN AVE  
City-St-Zip: STUART, FL 34997 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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: ANDREW GOLDSTEIN

MGRM

03/02/2014

Electronic Signature of Authorized Person

Date