

# 2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L11000061729

FILED  
Mar 22, 2013  
Secretary of State

**Entity Name:** AGE SCIENCE INSTITUTE LLC

**Current Principal Place of Business:**

5500 MILITARY TRAIL  
STE. 22-218  
JUPITER, FL 33458 US

**New Principal Place of Business:**

**Current Mailing Address:**

5500 MILITARY TRAIL  
STE. 22-218  
JUPITER, FL 33458 US

**New Mailing Address:**

**FEI Number:** 45-2395726      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LLEWELLYN, CATHERINE  
5500 MILITARY TRAIL  
STE. 22-218  
JUPITER, FL 33458 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: CATHERINE LLEWELLYN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** LLEWELLYN, CATHERINE  
**Address:** 5500 MILITARY TRAIL, STE. 22-218  
**City-St-Zip:** JUPITER, FL 33458

**Title:** MGRM  
**Name:** LLEWELLYN, WILLIAM  
**Address:** 5500 MILITARY TRAIL, STE. 22-218  
**City-St-Zip:** JUPITER, FL 33458

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: CATHERINE LLEWELLYN

MGRM

03/22/2013

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