

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000091325

**FILED**  
**Jan 08, 2013**  
**Secretary of State**

**Entity Name:** AUTHENTIC HEALTH SOLUTIONS LLC

**Current Principal Place of Business:**

130 PALM AVE  
# 2  
JUPITER, FL 33477 US

**New Principal Place of Business:**

406 E OCEAN AVE  
BOYNTON BEACH, FL 33435 US

**Current Mailing Address:**

130 PALM AVE  
# 2  
JUPITER, FL 33477 US

**New Mailing Address:**

406 E OCEAN AVE  
BOYNTON BEACH, FL 33435 US

**FEI Number:** 46-1398334

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOSIER, ANDREW L  
130 PALM AVE  
# 2  
JUPITER, FL 33477 US

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

BOSIER, ANDREW L  
611 NW 25TH AVE  
BOYNTON BEACH, FL 33426 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 BOSIER

01/08/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BOSIER, ANDREW L  
Address: 611 NW 25TH AVE  
City-St-Zip: BOYNTON BEACH, FL 33426 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: ANDREW BOSIER

CEO

01/08/2013

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