

2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L11000095253

FILED
Nov 06, 2014
Secretary of State

Entity Name: SUREWAY WEIGHT LOSS CLINIC LLC

Current Principal Place of Business:

7979 NORTHWEST 21ST STREET
DORAL, FL 33122

New Principal Place of Business:

Current Mailing Address:

7979 NORTHWEST 21ST STREET
DORAL, FL 33122

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: NATALIA UTRERA, VICE PRESIDENT

Electronic Signature of Registered Agent

Date

AUTHORIZED PERSONS:

Title: MGR
Name: REID, SURELIA
Address: 7979 NORTHWEST 21ST STREET
City-St-Zip: DORAL, FL 33122

Title: S
Name: STODDARD, ALSTON DILLISO
Address: 7979 NORTHWEST 21ST STREET
City-St-Zip: DORAL, FL 33122

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: SURELIA REID

MGR

11/06/2014

Electronic Signature of Authorized Person

Date