

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000095319

**FILED**  
**Oct 07, 2014**  
**Secretary of State**

**Entity Name:** BEACHSIDE HEALTH ONLINE, LLC

**Current Principal Place of Business:**

5714 TRIEDA DRIVE  
MELBOURNE, FL 32940 US

**New Principal Place of Business:**

1220 N. A1A  
INDIALANTIC, FL 32903 US

**Current Mailing Address:**

5714 TRIEDA DRIVE  
MELBOURNE, FL 32940 US

**New Mailing Address:**

1220 N. A1A  
INDIALANTIC, FL 32903 US

**FEI Number:** 45-3153614

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOULE, STEPHEN M  
5714 TRIEDA DRIVE  
MELBOURNE, FL 32940 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:** STEPHEN MOULE

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

**Title:** MGRM  
**Name:** MOULE, STEPHEN M  
**Address:** 5714 TRIEDA DRIVE  
**City-St-Zip:** MELBOURNE, FL 32940 US

**Title:** MGRM  
**Name:** RYLAND, STEVEN P  
**Address:** 212 LANSING ISLAND DRIVE  
**City-St-Zip:** INDIAN HARBOUR BEACH, FL 32937 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:** STEPHEN MOULE

MGRM

10/07/2014

Electronic Signature of Authorized Person

Date