

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000079448

**FILED**  
**Oct 19, 2013**  
**Secretary of State**

**Entity Name:** HEALTH AND WELLNESS BUSINESS CONSULTANTS, LLC

**Current Principal Place of Business:**

1580 SHORELINE WAY  
HOLLYWOOD, FL 33019

**New Principal Place of Business:**

**Current Mailing Address:**

1580 SHORELINE WAY  
HOLLYWOOD, FL 33019

**New Mailing Address:**

**FEI Number:** 46-0546566

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ILYA, SPIVAK  
1580 SHORELINE WAY  
HOLLYWOOD, FL 33019 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: ILYA SPIVAK

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SPIVAK, ILYA  
Address: 1580 SHORELINE WAY  
City-St-Zip: HOLLYWOOD, FL 33019

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: ILYA SPIVAK

MGR

10/19/2013

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