

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000092411

**FILED**  
**Oct 28, 2014**  
**Secretary of State**

**Entity Name:** PILATES CENTER OF ORMOND BEACH, LLC

**Current Principal Place of Business:**

823 N US HWY 1, UNIT 3  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

823 N US HWY 1, UNIT 3  
ORMOND BEACH, FL 32174

**New Mailing Address:**

**FEI Number:** 46-0803443

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BODA, MARTHA  
3968 S. CHINOOK LANE  
ORMOND BEACH, FL 32174 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: MARTHA BODA

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGR  
Name: BODA, MARTHA  
Address: 3968 S. CHINOOK LN  
City-St-Zip: ORMOND BEACH, FL 32174

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: MARTHA BODA

MGR

10/28/2014

Electronic Signature of Authorized Person

Date