

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000131982

**Entity Name:** LIVE WELL STAY FIT LLC

**FILED**  
**Oct 20, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

3542 WESTMINISTER CT  
HOLIDAY, FL 34691

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1644  
TARPON SPRINGS, FL 34688

**New Mailing Address:**

3542 WESTMINISTER CT  
HOLIDAY, FL 34691

**FEI Number:** 46-1234868

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LASAGNI, CYNTHIA C MS.  
3542 WESTMINISTER CT.  
HOLIDAY, FL 34691 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: CYNTHIA C. LASAGNI

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGRM  
Name: WAMSLEY, TAMARA A MS.  
Address: 3542 WESTMINISTER CT.  
City-St-Zip: HOLIDAY, FL 34691

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: CYNTHIA C. LASAGNI

R/A

10/20/2014

Electronic Signature of Authorized Person

Date