

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000132821

**Entity Name:** HANDS ON FITNESS, LLC

**FILED**  
**Apr 05, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

115 MAGNOLIA AVE  
FORT WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

115 MAGNOLIA AVE  
FORT WALTON BEACH, FL 32548

**New Mailing Address:**

**FEI Number:** 61-1695479

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WYATT, KRISTEN L  
115 MAGNOLIA AVE  
FORT WALTON BEACH, FL 32548 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: KRISTEN WYATT

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: PRES  
Name: WYATT, KRISTEN L  
Address: 115 MAGNOLIA AVE  
City-St-Zip: FORT WALTON BEACH, FL 32548

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: KRISTEN WYATT

PRES

04/05/2014

Electronic Signature of Authorized Person

Date