


2014 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED
AND
FILED

14 NOV 14 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L13000132565 1. Entity Name THE STONE HEALERS LLC					
Principal Place of Business 231 COMBS MANOR COURT NW FT. WALTON BEACH, FL 32548			Mailing Address POST OFFICE BOX 4182 FT. WALTON BEACH, FL 32549		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	11142014 REIN-LLC CR2E101 (12/11)	
4. FEI Number				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent THOMPSON, JEREMY A 231 COMBS MANOR COURT NW FT. WALTON BEACH, FL 32548			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Jeremy A Thompson</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE 11-14-14 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$238.75 After January 1, 2015, Fee will be \$377.50			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THOMPSON, JEREMY A 231 COMBS MANOR COURT NW FT. WALTON BEACH, FL 32548	<input type="checkbox"/> Delete			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>Jeremy A Thompson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE 11-14-14 <small>Date</small>		
E-MAIL ADDRESS					



11142014 REIN-LLC CR2E101 (12/11)

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