

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000143838

**FILED**  
**Oct 26, 2014**  
**Secretary of State**

**Entity Name:** PROFESSIONAL HEALTH AND BEAUTY COACHING LLC

**Current Principal Place of Business:**

8511 NW 2ND MANOR  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

**Current Mailing Address:**

8511 NW 2ND MANOR  
CORAL SPRINGS, FL 33071

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DECASPER, GALINA B  
8511 NW 2ND MANOR  
CORAL SPRINGS, FL 33071 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: GALINA B DECASPER

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGR  
Name: DECASPER, GALINA B  
Address: 8511 NW 2ND MANOR  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: MGRM  
Name: DECASPER, MARIA C  
Address: 8511 NW 2ND MANOR  
City-St-Zip: CORAL SPRINGS, FL 33071

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: GALINA B DECASPER

DR

10/26/2014

Electronic Signature of Authorized Person

Date