

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000034468

Entity Name: RESTORING HEALTH, LLC

Current Principal Place of Business:

20911 LAKE TALIA BLVD.
LAND O LAKES, FL 34638

Current Mailing Address:

20911 LAKE TALIA BLVD.
LAND O LAKES, FL 34638

FEI Number: 45-4769295

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARTINEZ, ROBERT J
20911 LAKE TALIA BLVD
LAND O LAKES, FL 34638 US

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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name MARTINEZ, ROBERT J
Address 20911 LAKE TALIA BLVD
City-State-Zip: LAND O LAKES FL 34638

Title MGRM
Name MARTINEZ, STEPHANIE A
Address 20911 LAKE TALIA BLVD
City-State-Zip: LAND O LAKES FL 34638

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT J. MARTINEZ

MGM

01/08/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date