

**2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L15000205397

**Entity Name:** A BETTER YOU MEDICAL, LLC

**Current Principal Place of Business:**

515 N. FLAGLER AVE.,  
STE P300  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

515 N. FLAGLER AVE.,  
STE P300  
WEST PALM BEACH, FL 33401 US

**FEI Number:** 81-0835353

**Certificate of Status Desired:** No

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

BERRY, ADAM K  
3330 FAIRCHILD GARDENS AVE  
UNIT 32152  
PALM BEACH GARDENS, FL 33420 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:** ADAM K. BERRY

10/14/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name BERRY, ADAM K  
Address 3330 FAIRCHILD GARDENS AVE UNIT  
32152  
City-State-Zip: PALM BEACH GARDENS FL 33420

*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:** ADAM K. BERRY

OWNER

10/14/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date