2018 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 14, 2018
Secretary of State
CR5890019324

DOCUMENT# L17000135137

Entity Name: THERAPY N FITLIFE LLC

Current Principal Place of Business:

2601 SW 117 AVE
MIAMI, FL 33175

Current Mailing Address:

2601 SW 117 AVE
MIAMI, FL 33175

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MANCIA, ALAN
2601 SW 117 AVE
MIAMI, FL 33175 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: ALAN MANCIA 10/14/2018

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR
Name	MANCIA, ALAN
Address	2601 SW 117 AVE
City-State-Zip:	MIAMI FL 33175

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: ALAN MANCIA MANAGER 10/14/2018

Electronic Signature of Signing Authorized Person(s) Detail — Date