

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000040882

FILED
Oct 03, 2008
Secretary of State

Entity Name: ALL FAMILY CHIROPRACTIC CENTER, L.L.C.

Current Principal Place of Business:

1247 NORTH PINE HILLS RD
ORLANDO, FL 32808

New Principal Place of Business:

1257 NORTH PINE HILLS RD
ORLANDO, FL 32808

Current Mailing Address:

1247 NORTH PINE HILLS RD
ORLANDO, FL 32808

New Mailing Address:

1257 NORTH PINE HILLS RD
ORLANDO, FL 32808

FEI Number: 56-2420548 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LOUISIUS, GESNER
1436 KURUME CT
ORLANDO, FL 32818 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: LOUISIUS GESNER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LOUISIUS, GESNER
Address: 1436 KURUME CT
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LOUISIUS GESNER

MGR

10/03/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date