#### 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.

CEO

SIGNATURE: THOMAS ANTONEK

Electronic Signature of Signing Authorized Person(s) Detail

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.

City-State-Zip: LAND O LAKES FL 34637

SIGNATURE:	THOMAS ANTONEK			10/15/2015
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title C	CEO	Title	MS.	
Name A	ANTONEK, THOMAS C	Name	KRISTIN, PARKER	
Address 8	3916 HANDEL LOOP	Address	8916 HANDEL LOOP	

2647 NARNIA WAY

# **Current Mailing Address:**

2647 NARNIA WAY #102 LAND O LAKES, FL 34638 US

## FEI Number: 20-4452353

## Name and Address of Current Registered Agent:

ANTONEK, THOMAS 8916 HANDEL LOOP LAND O LAKES, FL 34637 US

2015 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

# DOCUMENT# L06000018041

Entity Name: THE GROWTH CENTER PLLC

# **Current Principal Place of Business:**

#102 LAND O LAKES, FL 34638

Certificate of Status Desired: No

City-State-Zip: LAND O LAKES FL 34637

10/15/2015

FILED Oct 15, 2015 Secretary of State CR7481276792