

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000116154

**Entity Name:** BRACE SHOP, LLC

**Current Principal Place of Business:**

6560 W ROGERS CIRCLE SUITE 19  
BOCA RATON, FL 33487

**Current Mailing Address:**

6560 W ROGERS CIRCLE SUITE 19  
BOCA RATON, FL 33487

**FEI Number:** 20-1216195

**Certificate of Status Desired:** No

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

MALCOM, WILLIAM  
1280 SW 36TH AVE.  
SUITE 200  
POMPANO BEACH, FL 33069 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:** WILLIAM MALCOM

06/28/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name SHAPIRO, LYNNE R  
Address 6560 WEST ROGERS CIRCLE  
19  
City-State-Zip: BOCA RATON FL 33487

Title MGRM  
Name SHAPIRO, KENNETH D  
Address 6560 WEST ROGERS CIRCLE  
19  
City-State-Zip: BOCA RATON FL 33487

*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:** KENNETH SHAPIRO

**DIRECTOR**

06/28/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date