

2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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
POMPAÑO 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

08/28/2015

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	CFO
Name	LOFT, GARY MARTIN
Address	7928 EAST DRIVE 1107
City-State-Zip:	NORTH BAY VILLAGE FL 33141

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: GARY LOFT

CFO

08/28/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date