

**2015 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000153859

**Entity Name:** YOUR FAMILY THERAPY CENTER LLC

**Current Principal Place of Business:**

10796 PINES BLVD #101  
PEMBROKE PINES, FL 33026

**Current Mailing Address:**

10796 PINES BLVD #101  
PEMBROKE PINES, FL 33026

**FEI Number: 46-4046400**

**Certificate of Status Desired:** No

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

GOLDSON, LATHIEMA  
15608 SW 53RD ST  
MIRAMAR, FL 33027 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:** LATHIEMA GOLDSON

04/28/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name GOLDSON, LATHIEMA  
Address 10796 PINES BLVD #101  
City-State-Zip: PEMBROKE PINES FL 33026

*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:** LATHIEMA GOLDSON

OWNER

04/28/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date