

**2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L14000159367

**Entity Name:** THERAPEUTIC CONNECTIONS LLC.

**Current Principal Place of Business:**

210 CHRISTIAN DRIVE  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

210 CHRISTIAN DRIVE  
SANTA ROSA BEACH, FL 32459 US

**FEI Number:** 47-2048774

**Certificate of Status Desired:** No

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

GARNER SHANE, LARA  
210 CHRISTIAN DRIVE  
SANTA ROSA BEACH, FL 32459 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:** LARA GARNER SHANE

10/24/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name CGARNER-HOUSTON, CAROL  
Address 210 CHRISTIAN DRIVE  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title AMBR  
Name HOUSTON, SAMUEL P  
Address 210 CHRISTIAN DRIVE  
City-State-Zip: SANTA ROSA BEACH FL 32459

*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:** CGARNER-HOUSTON , CAROL

MGR

10/24/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date