

2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L14000184168

Entity Name: PRACTICE MOXIE, LLC

Current Principal Place of Business:

1212 VISTA HILLS DRIVE
LAKELAND, FL 33813

Current Mailing Address:

1212 VISTA HILLS DRIVE
LAKELAND, FL 33813 US

FEI Number: 47-2444907

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PONCIER, JULIE
1212 VISTA HILLS DRIVE
LAKELAND, FL 33813 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: JULIE PONCIER

03/10/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name PONCIER, JULIE
Address 1212 VISTA HILLS DRIVE
City-State-Zip: LAKELAND FL 33813

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: JULIE PONCIER

PRESIDENT

03/10/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date