

**2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L15000061318

**Entity Name:** SAFE HOUSE WELLNESS CENTER, LLC

**Current Principal Place of Business:**

4699 NORTH FEDERAL HIGHWAY  
SUITE 205  
POMPANO BEACH, FL 33064

**Current Mailing Address:**

4699 NORTH FEDERAL HIGHWAY  
SUITE 205  
POMPANO BEACH, FL 33064 US

**FEI Number:** 47-3657594

**Certificate of Status Desired:** No

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

MOORE, DAVID  
131 NW 13TH ST, STE 41  
BOCA RATON, FL 33432 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:** DAVID MOORE

10/04/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name STEIN, LEE  
Address 141 NW 20TH ST STE F7  
City-State-Zip: BOCA RATON FL 33431

Title MGR  
Name MAHLER, DAVID  
Address 141 NW 20TH ST  
STE F7  
City-State-Zip: BOCA RATON FL 33431

Title MGR  
Name 7 C'S, LLC  
Address 141 NW 20TH ST  
STE F7  
City-State-Zip: BOCA RATON FL 33431

*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:** LEE STEIN

MGR

10/04/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date