

**2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L15000166282

**Entity Name:** THE BRAVE ONES THERAPY CENTER, LLC

**Current Principal Place of Business:**

4016 EDGEWATER DR  
ORLANDO, FL 32804

**Current Mailing Address:**

4016 EDGEWATER DR  
ORLANDO, FL 32804 US

**FEI Number:** 47-5191313

**Certificate of Status Desired:** No

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

PERSAUD, AMANDA W  
4016 EDGEWATER DR  
ORLANDO, FL 32804 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:** AMANDA PERSAUD

10/22/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	PERSAUD, AMANDA W	Name	SHASHI, PERSAUD N
Address	4016 EDGEWATER DR	Address	4016 EDGEWATER DR
City-State-Zip:	ORLANDO FL 32804	City-State-Zip:	ORLANDO FL 32804

*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:** SHASHI PERSAUD

MANAGER

10/22/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date