

**2018 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L16000114527

**Entity Name:** MOE'S FAMILY PRACTICE AND KIDS LLC

**Current Principal Place of Business:**

1507 LAKE LAND HILLS BLVD.  
SUITE 105  
LAKE LAND, FL 33805

**Current Mailing Address:**

1507 LAKE LAND HILLS BLVD.  
SUITE 105  
LAKE LAND, FL 33805 US

**FEI Number:** 81-3676334

**Certificate of Status Desired:** No

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

COMAS, ALAYLA  
1507 LAKE LAND HILLS BLVD  
STE105  
LAKE LAND, FL 33805 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:** ALAYLA COMAS

04/12/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name PENA, WILY  
Address 1507 LAKE LAND HILLS BLVD.  
SUITE 105  
City-State-Zip: LAKE LAND FL 33805

Title AMBR  
Name ARIAS, GARVI  
Address 1507 LAKE LAND HILLS BLVD.  
SUITE 105  
City-State-Zip: LAKE LAND FL 33805

*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:** GARVI ARIAS

AMBR

04/12/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date