

**2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L18000203822

**Entity Name:** LUX LIFESTYLE CHIROPRACTIC LLC

**Current Principal Place of Business:**

31 ALMERIA AVE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

31 ALMERIA AVE  
CORAL GABLES, FL 33134 US

**FEI Number:** 83-3436927

**Certificate of Status Desired:** No

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

HOLLIDAY, BRITTANY N  
31 ALMERIA AVE  
CORAL GABLES, FL 33134 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:** BRITTANY HOLLIDAY

10/09/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name HOLLIDAY, BRITTANY N  
Address 3119 SW 27TH AVE  
City-State-Zip: MIAMI FL 33133

*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:** BRITTANY HOLLIDAY

MGRM

10/09/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date