

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000010022

**FILED**  
**Mar 11, 2013**  
**Secretary of State**

**Entity Name:** PINEAPPLE PODIATRY L.L.C.

**Current Principal Place of Business:**

10 NE SECOND STREET  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

10 NE SECOND STREET  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

10 NE SECOND STREET  
DELRAY BEACH, FL 33445

**New Mailing Address:**

10 NE SECOND STREET  
DELRAY BEACH, FL 33444

**FEI Number:** 20-1678195

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REILLY, ELIZABETH  
1435 ESTUARY TRAIL  
DELRAY BEACH, FL 33483 US

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

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: ELIZABETH REILLY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: REILLY, ELIZABETH  
Address: 1435 ESTUARY TRAIL  
City-St-Zip: DELRAY BEACH, FL 33483

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ELIZABETH REILLY

MGRM

03/11/2013

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date