

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000032987

**FILED**  
**Oct 08, 2007**  
**Secretary of State**

**Entity Name:** SHERRIE RAZ PSY.D., LLC

**Current Principal Place of Business:**

951 NW 13TH ST., STE. 3E  
BOCA RATON, FL 33486

**New Principal Place of Business:**

10531 BEXLEY BLVD  
BOCA RATON, FL 33428

**Current Mailing Address:**

951 NW 13TH ST., STE. 3E  
BOCA RATON, FL 33486

**New Mailing Address:**

10531 BEXLEY BLVD  
BOCA RATON, FL 33428

**FEI Number:** 22-7745978      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

WASSERSTROM, ELLEN  
100 W. CYPRESS CREEK RD., STE. 700  
FORT LAUDERDALE, FL 33309 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:** ELLEN WASSERSTROM

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

**Title:** MGR      ( ) Delete  
**Name:** RAZ, SHERRIE DR.  
**Address:** 951 NW 13TH ST., STE. 3E  
**City-St-Zip:** BOCA RATON, FL 33486

**Title:** MGR      (X) Change ( ) Addition  
**Name:** RAZ, SHERRIE DR.  
**Address:** 10531 BEXLEY BLVD  
**City-St-Zip:** BOCA RATON, FL 33428

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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:** SHERRIE RAZ

DR.

10/08/2007

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