

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT 31 AM 9:34

DOCUMENT # L04000001191

1. Entity Name  
THE HOUSE DOCTOR, LLC



Principal Place of Business  
2670 TROPICAIRES BLVD.  
ATTN: JOSEPH A. LAPERRIERE IV  
NORTH PORT, FL 34286

Mailing Address  
2670 TROPICAIRES BLVD.  
ATTN: JOSEPH A. LAPERRIERE IV  
NORTH PORT, FL 34286

2. Principal Place of Business  
**RESIDENCE 2670 TROPICAIRES**  
Suite, Apt. #, etc.

3. Mailing Address  
**2670 TROPICAIRES BLVD**  
Suite, Apt. #, etc.

10182005 REIN-LLC CR2E101 (6/04)

City & State  
**NORTH PORT FL**  
Zip  
**34286**  
Country  
**SARASOTA**

City & State  
**NORTH PORT FL**  
Zip  
**34286**  
Country  
**SARASOTA**

4. FEI Number  
**70-0235625**  
☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LAPERRIERE, JOSEPH A IV  
2670 TROPICAIRES BLVD.  
NORTH PORT, FL 34286

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**JOSEPH A. LAPERRIERE IV**

*Joseph A. Laperriere IV*

**10-22-05**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**After January 1, 2006, Fee will be \$100.00**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
LAPERRIERE, JOSEPH A IV  
2670 TROPICAIRES BLVD.  
NORTH PORT, FL 34286 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
**000061043920**  
**10/31/05--01045--015 \*\*\$5.00**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
**REINSTATEMENT 2005**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: **JOSEPH A. LAPERRIERE IV**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**10-22-05** (941)  
**809-5106**

Date

Daytime Phone #