

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000090981

Entity Name: BRACES DIRECT LLC

**FILED**  
**Oct 07, 2014**  
**Secretary of State**

## **Current Principal Place of Business:**

4171 W. HILLSBORO BLVD  
#12  
COCONUT CREEK, FL 33073

## **Current Mailing Address:**

4171 W. HILLSBORO BLVD  
#12  
COCONUT CREEK, FL 33073

## **New Principal Place of Business:**

6560 ROGERS CIRCLE  
#19  
BOCA RATON, FL 334872746 US

## **New Mailing Address:**

6560 ROGERS CIRCLE  
#19  
BOCA RATON, FL 334872746 US

FEI Number: 20-2019464

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MALCOM, WILLIAM  
1280 SW 36TH AVE  
#200  
POMPANO BEACH, FL 33069 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: WILLIAM MALCOM

Electronic Signature of Registered Agent

Date

## **AUTHORIZED PERSONS:**

Title: MGRM  
Name: SHAPIRO, LYNNE  
Address: 4171 W. HILLSBORO BLVD #12  
City-St-Zip: COCONUT CREEK, FL 33073

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: GARY M LOFT

CFO

10/07/2014

Electronic Signature of Authorized Person

Date