

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000071117

1. Entity Name
HAVENDALE FAMILY CHIROPRACTIC, LLC



FILED

09 APR 13 PM 4:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business
1606 1/2 HAVENDALE BLVD.
WINTER HAVEN, FL 33881

Mailing Address
1606 1/2 HAVENDALE BLVD.
WINTER HAVEN, FL 33881

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02162009 REIN-LLC

CR2E101 (1/07)

City & State

City & State

4. FEI Number
20-5217416

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOSEPH, LAMOTHE
622 REFLECTION LOOP WEST
WINTER HAVEN, FL 33884

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

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

NOTE: Registered Agent signature required when reinstating

DATE

FILE NOW!!! FEE IS \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
JOSEPH, LAMOTHE
622 REFLECTION LOOP WEST
WINTER HAVEN, FL 33884 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
900146472199
03/20/09--01014--025 **377.50

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

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

3-11-09

Date

Daytime Phone #

REINSTATEMENT

08.09

N. C. 2009 MAR 25 2009