

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000116154

Entity Name: BRACE SHOP, LLC

**FILED**  
**Oct 01, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

6560 W ROGERS CIRCLE SUITE 19  
BOCA RATON, FL 33487

**New Principal Place of Business:**

6560 W ROGERS CIRCLE  
SUITE 19  
BOCA RATON, FL 33487

**Current Mailing Address:**

6560 W ROGERS CIRCLE SUITE 19  
BOCA RATON, FL 33487

**New Mailing Address:**

6560 W ROGERS CIRCLE  
SUITE 19  
BOCA RATON, FL 33487

FEI Number: 33-1011825

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.  
SUITE 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 R  
Address: 9327 GRAND ESTATES WAY  
City-St-Zip: BOCA RATON, FL BOCA RATO

Title: MGRM  
Name: SHAPIRO, KENNETH D  
Address: 9327 GRAND ESTATES WAY  
City-St-Zip: BOCA RATON, FL BOCA RATO

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

10/01/2014

Electronic Signature of Authorized Person

Date