

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000081361

**FILED**  
**Oct 06, 2014**  
**Secretary of State**

**Entity Name:** ROACH FAMILY CHIROPRACTIC LLC

**Current Principal Place of Business:**

251 N MAITLAND AVE  
STE 116  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

475 MAITLAND AVE  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

2550 SAND LAKE RD  
LONGWOOD, FL 32779

**New Mailing Address:**

PO BOX 947809  
MAITLAND, FL 32794

**FEI Number:** 26-0728901

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROACH, ERIK D DR  
2550 SAND LAKE RD  
LONGWOOD, FL 32779 US

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

ROACH, ERIK D DR  
475 MAITLAND AVE  
ALTAMONTE SPRINGS, FL 32701 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: ERIK ROACH DC

10/06/2014

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGRM  
Name: ROACH, ERIK  
Address: 475 MAITLAND AVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: MGRM  
Name: ROACH, RACHEL  
Address: 475 MAITLAND AVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: ERIK ROACH DC

CEO

10/06/2014

Electronic Signature of Authorized Person

Date