

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000066125

**FILED**  
**Oct 08, 2012**  
**Secretary of State**

**Entity Name:** MOSS CHIROPRACTIC CLINIC LLC

**Current Principal Place of Business:**

4361 NORTHLAKE BLVD.  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

4361 NORTHLAKE BLVD.  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

**FEI Number:** 36-4616151

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOSS, DAMON T  
11894 BANYAN ST.  
PALM BEACH GARDENS, FL 33410 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:** DAMON MOSS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** MOSS, DAMON  
**Address:** 11894 BANYAN ST.  
**City-St-Zip:** PALM BEACH GARDENS, FL 33410

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 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:** DAMON MOSS

OWNE

10/08/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date