

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000066837

**FILED**  
**Feb 15, 2010**  
**Secretary of State**

**Entity Name:** TORTOISE CLINIC OF CHINESE MEDICINE, LLC

**Current Principal Place of Business:**

10221 W HWY 98  
DESTIN, FL 32550 US

**New Principal Place of Business:**

**Current Mailing Address:**

10221 W HWY 98  
DESTIN, FL 32550 US

**New Mailing Address:**

**FEI Number:** 26-3039018

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, DREW  
10221 W HWY 98  
DESTIN, FL 32550 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:** DREW SMITH

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** SMITH, DREW  
**Address:** 10221 W HWY 98  
**City-St-Zip:** DESTIN, FL 32550 US

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:** DREW SMITH

MGRM

02/15/2010

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