

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000043509

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

**Entity Name:** REY MEDICAL AND WELLNESS CENTERS, LLC

**Current Principal Place of Business:**

8967 TAFT STREET  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

7101 SW 78 CT  
MIAMI, FL 33143

**New Mailing Address:**

**FEI Number:** 26-4815423

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REY, RAFAEL DR  
7101 SW 78 COURT  
MIAMI, FL 33143 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: RAFAEL R REY

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**AUTHORIZED PERSONS:**

Title: MGRM  
Name: REY, RAFAEL  
Address: 8967 TAFT STREET  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: MGRM  
Name: DE LA CRUZ, ANTHONY  
Address: 8967 TAFT STREET  
City-St-Zip: PEMBROKE PINES, FL 33024

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: RAFAEL R REY

MNGR

03/06/2014

\_\_\_\_\_  
Electronic Signature of Authorized Person

\_\_\_\_\_  
Date