

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000080804

**Entity Name:** GOLDEN CHIROPRACTIC LLC

**FILED**  
**Oct 03, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4730 GOLDEN GATE PARKWAY  
#A  
NAPLES, FL 34116 US

**New Principal Place of Business:**

**Current Mailing Address:**

1910 NW 120 TERRACE  
PEMBROKE PINES, FL 33026 US

**New Mailing Address:**

**FEI Number:** 27-0853843

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLUM, RICHARD  
1910 NW 120 TERRACE  
PEMBROKE PINES, FL 33026 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: RICHARD BLUM

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BLUM, RICHARD  
Address: 1910 NW 120 TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33026 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: RICHARD BLUM

MGRM

10/03/2011

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