

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000095347

Entity Name: CC CHIROPRACTIC LLC

**FILED**  
**Apr 08, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4100 EVANS AVE.  
#16  
FT.MYERS, FL 33901 US

**New Principal Place of Business:**

6151 MIRAMAR PARKWAY  
#124  
MIRAMAR, FL 33023 US

**Current Mailing Address:**

1910 N.W.120 TERRACE  
PEMBROKE PINES, FL 33026 US

**New Mailing Address:**

FEI Number: 27-1040768

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BLUM, RICHARD  
1910 N.W.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 N.W.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

04/08/2011

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