

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000036052

**FILED**  
**May 23, 2013**  
**Secretary of State**

**Entity Name:** TRI-STATE PSYCHOLOGY LLC

**Current Principal Place of Business:**

412 W WASHINGTON  
CHATTAHOOCHEE, FL 32324 US

**New Principal Place of Business:**

1804 MICCOSUKEE COMMONS DR  
206  
TALLAHASSEE, FL 32308 US

**Current Mailing Address:**

412 W WASHINGTON  
CHATTAHOOCHEE, FL 32324 US

**New Mailing Address:**

1804 MICCOSUKEE COMMONS DR  
206  
TALLAHASSEE, FL 32309

**FEI Number:** 37-1601873

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MANNIS, NICOLE L  
1804 MICCOUSUKEE COMMONS DRIVE  
SUITE 206  
TALLAHASSEE, FL 32308 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:** NICOLE MANNIS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** MANNIS, NICOLE L  
**Address:** 1804 MICCOSUKEE COMMONS DR  
**City-St-Zip:** TALLAHASSEE, FL 32308

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:** NICOLE MANNIS

MGR

05/23/2013

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