

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000049147

**FILED**  
**Jun 16, 2012**  
**Secretary of State**

**Entity Name:** THE MULTICULTURAL ADDICTION SERVICES, LLC

**Current Principal Place of Business:**

750 S. ORANGE BLOSSOM TRAIL #220  
ORLANDO, FL 32805 US

**New Principal Place of Business:**

**Current Mailing Address:**

520 REFLECTIONS CIRCLE #206  
CASSELBERRY, FL 32707 US

**New Mailing Address:**

148 SEABREEZE CIRCLE  
KISSIMMEE, FL 34743

**FEI Number:** 27-2338030

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LICIAGA, JANET  
520 REFLECTIONS CIRCLE #206  
CASSELBERRY, FL 32707 US

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

LICIAGA, JANET  
148 SEABREEZE CIRCLE  
KISSIMMEE, FL 34743 US

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: JANET LICIAGA

06/16/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LICIAGA, JANET  
Address: 148 SEABREEZE CIRCLE  
City-St-Zip: KISSIMMEE, FL 34743 US

Title: MGRM  
Name: VARGAS, JORGE  
Address: 750 S. ORANGE BLOSSOM TRAIL #220  
City-St-Zip: ORLANDO, FL 32805 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: JANET LICIAGA

MS.

06/16/2012

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