

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000050780

**FILED**  
**Jul 10, 2013**  
**Secretary of State**

**Entity Name:** TORRES COUNSELING SERVICES, LLC

**Current Principal Place of Business:**

8000 LAGOS DE CAMPO BLVD  
307A  
TAMARAC, FL 33321

**New Principal Place of Business:**

11500 LAKEVIEW DRIVE  
CORAL SPRINGS, FL 33071 UN

**Current Mailing Address:**

8000 LAGOS DE CAMPO BLVD  
307A  
TAMARAC, FL 33321

**New Mailing Address:**

11500 LAKEVIEW DRIVE  
CORAL SPRINGS, FL 33071 UN

**FEI Number:** 27-2666306

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TORRES, KRISTAN E  
8000 LAGOS DE CAMPO BLVD  
A307  
TAMARAC, FL 33321 US

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

TORRES, KRISTAN E  
11500 LAKVIEW DRIVE  
CORAL SPRINGS, FL 33071 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: KRISTAN TORRES

07/10/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: TORRES, WILLIAM  
Address: 11500 LAKEVIEW DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071 UN

Title: MGRM  
Name: TORRES, KRISTAN E  
Address: 11500 LAKEVIEW DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

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: KRISTAN TORRES

MGRM

07/10/2013

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