

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000051703

Entity Name: NEO-THERAPY, LLC

**FILED**  
**Mar 06, 2014**  
**Secretary of State**

## **Current Principal Place of Business:**

2731 EXECUTIVE PARK DRIVE  
SUITE 7  
WESTON, FL 33331

## **New Principal Place of Business:**

2225 N. COMMERCE PARKWAY  
SUITE 6  
WESTON, FL 33326

## **Current Mailing Address:**

2731 EXECUTIVE PARK DRIVE  
SUITE 7  
WESTON, FL 33331

## **New Mailing Address:**

2225 N. COMMERCE PARKWAY  
SUITE 6  
WESTON, FL 33326

FEI Number: 27-2576959

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

VILLEGAS, ALVARO J MGR  
2731 EXECUTIVE PARK DRIVE  
SUITE 7  
WESTON, FL 33331 US

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

VILLEGAS, ALVARO J MGR  
2225 N. COMMERCE PARKWAY  
SUITE 6  
WESTON, FL 33326 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: ALVARO J. VILLEGAS

03/06/2014

Electronic Signature of Registered Agent

Date

## **AUTHORIZED PERSONS:**

Title: MGR  
Name: VILLEGAS GONZALEZ, ALVARO  
Address: 3754 PINE LAKE DRIVE  
City-St-Zip: WESTON, FL 33332

Title: MGR  
Name: VILLEGAS GONZALEZ, ANALIZ  
Address: 13830 EDEN MANOR LN  
City-St-Zip: HOUSTON, TX 77044

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: ALVARO J VILLEGAS

MGR

03/06/2014

Electronic Signature of Authorized Person

Date