

2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L11000088323

FILED
Oct 07, 2013
Secretary of State

Entity Name: FAMILY CHIROPRACTIC OF HEATHROW LLC

Current Principal Place of Business:

1130 TOWNPARK AVE
1116
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

1130 TOWNPARK AVE
1116
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 45-2873313

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOLLE, KELLY C DR
1601 CHERRY LAKE WAY
LAKE MARY, FL 32746 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: DR KELLY TOLLE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: TOLLE, KELLY C DR
Address: 1601 CHERRY LAKE WAY
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM
Name: TOLLE, ROBERT C
Address: 1601 CHERRY LAKE WAY
City-St-Zip: LAKE MARY, FL 32746

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: DR KELLY TOLLE

MGRM

10/07/2013

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