

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000099357

**FILED**  
**Oct 01, 2012**  
**Secretary of State**

**Entity Name:** INTERVENTION RESOURCE CENTER LLC

**Current Principal Place of Business:**

1416 OLD DIXIE HWY  
VERO BEACH, FL 32960

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 13051  
FT PIERCE, FL 34979

**New Mailing Address:**

**FEI Number:** 45-3839215

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LESTER, BRIAN  
10514 OKEECHOBEE ROAD  
FT PIERCE, FL 34979 US

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

LESTER, BRIAN  
662 A GRANADA ST  
FT PIERCE, FL 34949 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: BRIAN LESTER

10/01/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CHITTENDEN, COLLEEN  
Address: PO BOX 13051  
City-St-Zip: FT PIERCE, FL 34979

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: COLLEEN CHITTENDEN

MGR

10/01/2012

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