

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000029505

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

**Entity Name:** ATTENTION BEHAVIOR COGNITIVE THERAPY CLINIC, LLC

**Current Principal Place of Business:**

45 N.W. 8TH STREET  
SUITE #102  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

45 N.W. 8TH STREET  
SUITE #102  
HOMESTEAD, FL 33030

**New Mailing Address:**

**FEI Number:** 45-4701700

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REID, LYDIA  
45 N.W. 8TH STREET  
SUITE #102  
HOMESTEAD, FL 33030 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:** LYDIA REID

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** REID, LYDIA  
**Address:** 45 N.W. 8TH STREET  
**City-St-Zip:** HOMESTEAD, FL 33030

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:** LYDIA REID

**PRES**

**10/10/2013**

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