

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000097744

**FILED**  
**Oct 04, 2013**  
**Secretary of State**

**Entity Name:** OLIVE BRANCH COUNSELING, LLC

**Current Principal Place of Business:**

525 NW LAKE WHITNEY PLACE, #104  
PORT ST LUCIE, FL 34986

**New Principal Place of Business:**

1430 SW ST. LUCIE WEST BLVD  
SUITE 104  
PORT ST LUCIE, FL 34986

**Current Mailing Address:**

525 NW LAKE WHITNEY PLACE, #104  
PORT ST LUCIE, FL 34986

**New Mailing Address:**

1430 SW ST. LUCIE WEST BLVD  
SUITE 104  
PORT ST LUCIE, FL 34986

**FEI Number:** 46-2352894

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOOD, CHERYL  
78650 15TH LANE  
VERO BEACH, FL 32966 US

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

WOOD, CHERYL  
1430 SW ST. LUCIE WEST BLVD  
SUITE 104  
PORT ST. LUCIE, FL 34986 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: CHERYL WOOD

10/04/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WOOD, CHERYL  
Address: 1430 SW ST. LUCIE WEST BLVD, #104  
City-St-Zip: PORT ST LUCIE, FL 34986

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: CHERYL WOOD

MGMR

10/04/2013

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