

2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L13000040284

Entity Name: OPTILIFE CHIROPRACTIC LLC.

FILED
Oct 18, 2014
Secretary of State

Current Principal Place of Business:

8333 GUNN HWY
TAMPA, FL 33626

New Principal Place of Business:

8333 GUNN HWY
TAMPA, FL 33626 US

Current Mailing Address:

8333 GUNN HWY
TAMPA, FL 33626

New Mailing Address:

8333 GUNN HWY
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TAMPA, FL 33626 US

FEI Number: 46-2454490

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPIEGEL, LORI
3618 GECKO DRIVE
WESLEY CHAPEL, FL 33543 US

Name and Address of New Registered Agent:

HOEFFNER, DANIELLE
8333 GUNN HWY
TAMPA, FL 33626 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: DANIELLE HOEFFNER

10/18/2014

Electronic Signature of Registered Agent

Date

AUTHORIZED PERSONS:

Title: MGRM
Name: HOEFFNER, DANIELLE
Address: 8333 GUNN HWY
City-St-Zip: TAMPA, FL 33626 US

Title: MGR
Name: HOEFFNER, ROBERT
Address: 16316 GOSSAMER WAY
City-St-Zip: OKLAHOMA CITY, OK 73165

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: DANIELLE HOEFFNER

DR

10/18/2014

Electronic Signature of Authorized Person

Date