

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000053085

**FILED**  
**Oct 22, 2014**  
**Secretary of State**

**Entity Name:** HOUSE THERAPY SOURCES, LLC

**Current Principal Place of Business:**

4031 SWIFT WAY  
TALLAHASSEE, FL 32311

**New Principal Place of Business:**

20764 NE DAN PARRISH RD  
BLOUNTSTOWN, FL 32424

**Current Mailing Address:**

4031 SWIFT WAY  
TALLAHASSEE, FL 32311

**New Mailing Address:**

20764 NE DAN PARRISH RD  
BLOUNTSTOWN, FL 32424

**FEI Number:** 46-3440810

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOUSE, STACY L  
4031 SWIFT WAY  
TALLAHASSEE, FL 32311 US

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

HOUSE, STACY L  
20764 NE DAN PARRISH RD  
BLOUNTSTOWN, FL 32424 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: STACY HOUSE

10/22/2014

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGR  
Name: HOUSE, STACY L  
Address: 20764 NE DAN PARRISH RD  
City-St-Zip: BLOUNTSTOWN, FL 32424

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: STACY HOUSE

MGR

10/22/2014

Electronic Signature of Authorized Person

Date