

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000093678

**FILED**  
**Oct 03, 2014**  
**Secretary of State**

**Entity Name:** ANGELS CREATIVE CHILDRENS THERAPY LLC

**Current Principal Place of Business:**

15661 SW 104 TER  
APT 321  
MIAMI, FL 33196 US

**New Principal Place of Business:**

9260 HAMMOCKS BLVD SUITE 202  
MIAMI, FL 33196 US

**Current Mailing Address:**

15661 SW 104 TER  
APT 321  
MIAMI, FL 33196 US

**New Mailing Address:**

9260 HAMMOCKS BLVD SUITE 202  
MIAMI, FL 33196 US

**FEI Number:** 90-1014505

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

NAVARRO, MARIA  
15661 SW 104 TER  
APT 321  
MIAMI, FL 33196 US

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

NAVARRO, MARIA  
9260 HAMMOCKS BLVD SUITE 202  
MIAMI, FL 33196 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: MARIA NAVARRO

10/03/2014

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGR  
Name: NAVARRO, MARIA  
Address: 9260 HAMMOCKS BLVD SUITE 202  
City-St-Zip: MIAMI, FL 33196 US

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: MARIA NAVARRO

MRG

10/03/2014

Electronic Signature of Authorized Person

Date