

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

L14000137494

1. Limited Liability Company's Name

Building Blocks Therapy, LLC

2. Principal Office Address - No P.O. Box #

1301 Seminole Blvd Bldg A

Suite, Apt #, etc.

103

City & State

Largo FL

Zip

33170

Country

USA

3. Mailing Office Address

2451 N McMillen Bldg A

Suite, Apt #, etc.

City & State

Clearwater FL

Zip

33759

Country

USA

8. Name and Address of Current Registered Agent

Name

Teresa Mack

Street Address (P.O. Box Number is Not Acceptable) Suite,

2451 N. McMillen Bldg A

Apt #, Etc.

City

Clearwater

State

FL

Zip Code

33759

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Teresa Mack LMHC / OWNER

Date

2/6/14

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
OWNER	TERESA MACK	2451 N. McMillen Bldg A	Clearwater FL 33759

REINSTATEMENT

705-2016

11. E-mail Address

tamacklmhc@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Teresa Mack

Date

Daytime Phone

727-709-7757

Typed or printed name of signing authorized representative/member

TERESA MACK

16 MAR 29 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

4. State/Country of Formation

Pinellas

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

47-1894030

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required

800282022188
02/10/16--01016--029 **238.75

800282022188
03/25/16--01035--015 **138.75