

# 2016 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED  
FILED

16 SEP 26 PM 2:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L15000069845

1. Entity Name  
TALLAHASSEE PAIN & WEIGHT LOSS LLC



Principal Place of Business  
487 EAST TENNESSEE ST.  
SUITE 2  
TALLAHASSEE, FL 32301-764 US

Mailing Address  
487 EAST TENNESSEE ST.  
SUITE 2  
TALLAHASSEE, FL 32301-764 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09262016 REIN-LLC CR2E101 (12/11)

City & State

City & State

4. FEI Number

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIANO, JOSEPH C  
487 EAST TENNESSEE ST.  
SUITE 2  
TALLAHASSEE, FL 32301-764

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Joseph C Siano*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$238.75**  
**After January 1, 2017, Fee will be \$377.50**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

MGR  
SIANO, JOSEPH C  
487 EAST TENNESSEE ST.  
TALLAHASSEE, FL 32301-764

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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09/26/16--01005--019 \*\*238.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

E-MAIL ADDRESS

REINSTATEMENT  
2016