

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L98000001445

**FILED**  
**Dec 11, 2013**  
**Secretary of State**

**Entity Name:** RIBLEY CHIROPRACTIC FAMILY CENTER LLC

**Current Principal Place of Business:**

8523 BUCCANEER SQUARE  
TAMPA, FL 33615

**New Principal Place of Business:**

**Current Mailing Address:**

8523 BUCCANEER SQUARE  
TAMPA, FL 33615

**New Mailing Address:**

**FEI Number:** 59-3536979

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

RIBLEY, PATRICIA C MRS  
8523 BUCCANEER SQUARE  
TAMPA, FL 33615 US

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

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:** PATRICIA C.RIBLEY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** RIBLEY, LAWRENCE E  
**Address:** 8523 BUCCANEER SQUARE  
**City-St-Zip:** TAMPA, FL 33615

**Title:** MGRM  
**Name:** RIBLEY, PATRICIA C  
**Address:** 8523 BUCCANEER SQUARE  
**City-St-Zip:** TAMPA, FL 33615

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 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:** PATRICIA C.RIBLEY

MRS

12/11/2013

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date