

2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000071117

Entity Name: HAVENDALE FAMILY CHIROPRACTIC, LLC

Current Principal Place of Business:

1606 1/2 HAVENDALE BLVD.
WINTER HAVEN, FL 33881

Current Mailing Address:

1606 1/2 HAVENDALE BLVD.
WINTER HAVEN, FL 33881

FEI Number: 20-5217416

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JOSEPH, LAMOTHE
622 REFLECTION LOOP WEST
WINTER HAVEN, FL 33884 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: LAMOTHE JOSEPH

07/01/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name LAMOTHE, JOSEPH
Address 622 REFLECTION LOOP WEST
City-State-Zip: WINTER HAVEN FL 33884

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LAMOTHE JOSEPH

PRESIDENT

07/01/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date