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LIMITED LIABILITY REINSTATEMENT

SUN COAST IMAGING CENTER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$377.50

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MAR 27 2009

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2009 LIMITED LIABILITY COMPANY REINSTATEMENT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000010102			
1. Entity Name SUN COAST IMAGING CENTER, LLC			
Principal Place of Business 2025 INDIAN ROCKS ROAD LARGO, FL 33774		Mailing Address 2025 INDIAN ROCKS ROAD LARGO, FL 33774	
2. Principal Place of Business - No P.O. Box # 107 Longview Drive		3. Mailing Address 207 Longview Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Norcross Georgia		City & State Norcross Georgia	
Zip 30071-2127		Country U.S.	
4. FEI Number 58-3689339		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LENTZ, DARRELL 2025 INDIAN ROCKS ROAD LARGO, FL 33774		7. Name and Address of New Registered Agent Name Stichter, Riedel, Blain & Prosser, PA Street Address (P.O. Box Number is Not Acceptable) 110 East Madison Street, Suite 200 City Tampa FL 33602-4700	
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 Charles A. Postler, Esquire			
SIGNATURE <u>Charles A. Postler</u>		DATE March 25, 2009	
FILE NOW!!! FEE IS \$377.50		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/ MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME TOURNADE, DAVID J STREET ADDRESS 2025 INDIAN ROCKS ROAD CITY-ST-ZIP LARGO, FL 33774		TITLE Court Appointed Liquidating Agent NAME Weathers, Michael J. STREET ADDRESS 207 Longview Drive CITY-ST-ZIP Norcross, GA 30071-2127	
TITLE MGR NAME RODRIGUEZ, GERARDO R STREET ADDRESS 2025 INDIAN ROCKS ROAD CITY-ST-ZIP LARGO, FL 33774		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 806, Florida Statutes.			
SIGNATURE: <u>J. Michael Weathers</u>		DATE March 25, 2009	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE			

J. Michael Weathers, Court Appointed Liquidating Agent