

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000020336

FILED
Oct 24, 2008
Secretary of State

Entity Name: 1301 LAWNWOOD CIRCLE, L.L.C.

Current Principal Place of Business:

1301 LAWNWOOD CIRCLE
FT. PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

1301 LAWNWOOD CIRCLE
FT. PIERCE, FL 34950

New Mailing Address:

FEI Number: 04-3689814

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORMAN, ROBERT J
1209 DELAWARE AVE.
FT. PIERCE, FL 34950 US

Name and Address of New Registered Agent:

MONTEJO, MARCY M
1301 NORTH LAWNWOOD CIRCLE
FT. PIERCE, FL 34950 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: MARCY M. MONTEJO

10/24/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MONTEJO, R. EDWARD M.D.
Address: 1301 LAWNWOOD CIRCLE
City-St-Zip: FORT PIERCE, FL 34950

Title: MGR () Delete
Name: GONZALEZ, PATRICK
Address: 1301 LAWNWOOD CIRCLE
City-St-Zip: FORT PIERCE, FL 34950

Title: MGR () Delete
Name: POZO, JOSE J
Address: 1301 LAWNWOOD CIRCLE
City-St-Zip: FORT PIERCE, FL 34950

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: R. EDWARD MONTEJO

MGR

10/24/2008

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