

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000093159

FILED
Oct 19, 2008
Secretary of State

Entity Name: SOUTHLAND MEDICAL REPRESENTATIVES LLC

Current Principal Place of Business:

3837 NORTHDAL BLVD
SUITE 304
TAMPA, FL 33624 US

New Principal Place of Business:

Current Mailing Address:

3837 NORTHDAL BLVD
SUITE 304
TAMPA, FL 33624 US

New Mailing Address:

FEI Number: 20-3506873 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MONSOUR, MARK R
5331 WINHAWK WAY
LUTZ, FL 33558 US

Name and Address of New Registered Agent:

ROMAN, KEVIN D
3837 NORTHDAL BLVD STE 304
TAMPA, FL 33624 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: KEVIN ROMAN

10/19/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: AVENTURE PARTNERS LL, C
Address: 3837 NORTHDAL BLVD
City-St-Zip: TAMPA, FL 33624 US

ADDITIONS/CHANGES:

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: KEVIN ROMAN

MM

10/19/2008

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