2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 08, 2009
Secretary of State

DOCUMENT# L02000000398

Entity Name: 1200 SOUTH MAIN STREET, LLC

Current Principal Place of Business:

1200 S MAIN ST
SUITE 100
BELLE GLADE, FL 33430

New Principal Place of Business:

1200 S MAIN ST
SUITE 102
BELLE GLADE, FL 33430

Current Mailing Address:

225 SW 1ST STREET
BELLE GLADE, FL 33430

New Mailing Address:

1157 SOUTH STATE ROAD 7
WELLINGTON, FL 33414

FEI Number: 90-0001459 **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:

TRIPURANENI, KRISHNA
1157 SOUTH S.R. #7
WELLINGTON, FL 33416 US

Name and Address of New Registered Agent:

TRIPURANENI, KRISHNA
1157 SOUTH S.R. #7
WELLINGTON, FL 33414 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: KRISHNA TRIPURANENI 10/08/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HARLAND, DR. MARTIN T
Address: 1200 S MAIN ST SUITE 100
City-St-Zip: BELLE GLADE, FL 33430

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HARLAND, MARTIN T
Address: 1200 S MAIN ST SUITE 200
City-St-Zip: BELLE GLADE, FL 33430

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: KRISHNA TRIPURANENI MGR 10/08/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date