

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000177928

Entity Name: TOMEUGENE, LLC

**FILED**  
**Oct 02, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

2199 PONCE DE LEON BOULEVARD  
SUITE 304  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

2199 PONCE DE LEON BOULEVARD  
SUITE 304  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

FEI Number: 46-5651769

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KRINZMAN, ALAN E ESQ.  
ASSOULINE & BERLOWE, P.A.  
3250 MARY STREET, SUITE 100  
MIAMI, FL 33133 US

**Name and Address of New Registered Agent:**

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: ALAN E. KRINZMAN

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGRM  
Name: ROTHE, EUGENIO M.D.  
Address: 2199 PONCE DE LEON BOULEVARD, SUITE 304  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRM  
Name: BRUCE, THOMAS P PSY.D.  
Address: 2199 PONCE DE LEON BOULEVARD, SUITE 304  
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby 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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: THOMAS P. BRUCE

MGRM

10/02/2014

Electronic Signature of Authorized Person

Date