

**2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000013095

**Entity Name:** GAINESVILLE CONSOLE DOCTOR, LLC

**Current Principal Place of Business:**

2750 TAYLOR AVE  
#A-34  
ORLANDO, FL 32811

**FILED**  
**May 23, 2016**  
**Secretary of State**  
**CR8950372073**

**Current Mailing Address:**

2750 TAYLOR AVE  
#A-34  
ORLANDO, FL 32811 US

**FEI Number: 45-4377109**

**Certificate of Status Desired: Yes**

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

GRANT, DAVID R  
2320 NW 66TH COURT  
GAINESVILLE, FL 32653 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:** DAVID R GRANT

05/23/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                          |                 |                             |
|-----------------|--------------------------|-----------------|-----------------------------|
| Title           | MGR                      | Title           | OWNER                       |
| Name            | GRANT, MARIEL            | Name            | ODELL NAT LLC               |
| Address         | 2750 TAYLOR AVE<br>#A-34 | Address         | 4949 CASON COVE DR.<br>#721 |
| City-State-Zip: | ORLANDO FL 32811         | City-State-Zip: | ORLANDO FL 32811            |

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TRAVIS GRANT

OWNER

05/23/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date