

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L01000004354

1. Entity Name  
HITECH-PM LLC



**FILED**  
05 JAN 26 AM 11:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
360 SOUTH SHORE DR  
SARASOTA, FL 34234 US

Mailing Address  
12260 WILLOW GROVE RD  
BLDG #2  
CAMDEN, DE 19934

*WFL*



2. Principal Place of Business

SUITE 401  
302 REGENT STREET  
LONDON  
W1H 3BB  
UNITED KINGDOM

3. Mailing Address

1220 N. Market St.  
Suite 804  
Wilmington, DE  
19801, USA

01102005 REIN-LLC CR2E101 (6/04)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FLETCHER, W. RICK  
360 SOUTH SHORE DRIVE  
SARASOTA, FL 34234

7. Name and Address of New Registered Agent

Florida Filing & Search Services  
1333 North Duval Street  
Tallahassee, FL 32303

FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*W. R. Fletcher*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*1/26/05*  
DATE

**FILE NOW!!! FEE IS \$200.00**

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	RAYNER, MARK R	
STREET ADDRESS	NO. 39 PURSHKINSKA STREET APT. 6	
CITY-ST-ZIP	KIEV, 01033 UKRAINE,	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	700045440557	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**REINSTATEMENT 2004-2005**

*WFL*

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

*W. R. Fletcher*  
Signature and typed or printed name of signing managing member, manager, or authorized representative

*01/26/2005*  
Date

Daytime Phone #

L01000004354

FLORIDA FILING & SEARCH SERVICES, INC.  
P.O. BOX 10662 TALLAHASSEE, FL 32302  
1333 NORTH DUVAL STREET, TALLAHASSEE, FL 32303  
PHONE: (800) 435-9371 FAX: (866) 860-8395

DATE: 01-26-05

NAME: HITECH-PM, LLC

TYPE OF FILING: REINSTATEMENT

COST: \$200

RETURN:

*APK*

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

*Paul Hodge*

RECEIVED  
05 JAN 26 AM 10:18  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA