

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000020173

FILED
Oct 30, 2008
Secretary of State

Entity Name: GARY W. CHESSMAN, DPM, PL

Current Principal Place of Business:

1410 W BROADWAY
102
OVIEDO, FL 32765

New Principal Place of Business:

7560 RED BUG LAKE ROAD
2024
OVIEDO, FL 32765

Current Mailing Address:

1410 W. BROADWAY
102
OVIEDO, FL 32765

New Mailing Address:

7560 RED BUG LAKE ROAD
2024
OVIEDO, FL 32765

FEI Number: 20-0035709 **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:

CHESSMAN, GARY W DPM
1410 W. BROADWAY
102
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

CHESSMAN, GARY W DPM
7560 RED BUG LAKE ROAD
2024
OVIEDO, FL 32765 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: GARY W. CHESSMAN, DPM PL

10/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHESSMAN, GARY W DPM
Address: 1410 W. BROADWAY, SUITE 102
City-St-Zip: OVIEDO, FL 32765 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CHESSMAN, GARY W DPM
Address: 7560 RED BUG LAKE ROAD STE 2024
City-St-Zip: OVIEDO, FL 32765 US

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: GARY W. CHESSMAN, DPM PL

PRES

10/30/2008

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