

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000029771

Entity Name: E.M.R., LLC

FILED  
Sep 14, 2009  
Secretary of State

## Current Principal Place of Business:

2 N. TAMiami TRAIL  
SUITE 312  
SARASOTA, FL 34236

## New Principal Place of Business:

2 N. TAMiami TRAIL  
SUITE 308  
SARASOTA, FL 34236

## Current Mailing Address:

2 N. TAMiami TRAIL  
SUITE 312  
SARASOTA, FL 34236

## New Mailing Address:

2 N. TAMiami TRAIL  
SUITE 308  
SARASOTA, FL 34236

FEI Number: 76-0758888      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:

ROSENBERG, EDWARD M  
2 N. TAMiami TRAIL  
SUITE 312  
SARASOTA, FL 34236 US

## Name and Address of New Registered Agent:

ROSENBERG, EDWARD M  
2 N. TAMiami TRAIL  
SUITE 308  
SARASOTA, FL 34236 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: EDWARD M. ROSENBERG

09/14/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ROSENBERG, EDWARD M  
Address: 8990 MISTY CREEK DRIVE  
City-St-Zip: SARASOTA, FL 34241

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: EDWARD M ROSENBERG

MANA

09/14/2009

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