

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000042583

**FILED**  
**Aug 02, 2011**  
**Secretary of State**

**Entity Name:** MARSHALL LEGAL NURSE CONSULTING, LLC

**Current Principal Place of Business:**

5010 LEMON BAY DRIVE  
NA  
VENICE, FL 34293

**New Principal Place of Business:**

**Current Mailing Address:**

5010 LEMON BAY DRIVE  
NA  
VENICE, FL 34293

**New Mailing Address:**

**FEI Number:** 34-2003345

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MARSHALL, LOIS E OWNER  
5010 LEMON BAY DRIVE  
NA  
VENICE, FL 34293 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:** LOIS E. MARSHALL

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** MARSHALL, LOIS  
**Address:** 5010 LEMON BAY DRIVE  
**City-St-Zip:** VENICE, FL 34293

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 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:** LOIS E. MARSHALL

MGR

08/02/2011

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