

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000040371

FILED
Oct 05, 2009
Secretary of State

Entity Name: MONARCH PROFESSIONAL CENTRE, LLC

Current Principal Place of Business:

5944 CORAL RIDGE DR.
#145
CORAL SPRINGS, FL 33076

New Principal Place of Business:

Current Mailing Address:

5944 CORAL RIDGE DR.
#145
CORAL SPRINGS, FL 33076

New Mailing Address:

FEI Number: 20-2726245 **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:

Name and Address of New Registered Agent:

BANKS, NICHOLAS M
364 SW 132ND TER
NEWBERRY, FL 32669 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: NICHOLAS M. BANKS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: BANKS, NICHOLAS M
Address: 364 SW 132ND TER
City-St-Zip: NEWBERRY, FL 32669

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

Title: MGR () Delete
Name: FLEISHER, STEPHEN M
Address: 110 E. BROWARD BLVD., SUITE 1700
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: MGR (X) Change () Addition
Name: FLEISHER, STEPHEN M
Address: 5944 CORAL RIDGE DRIVE, #145
City-St-Zip: CORAL SPRINGS, FL 33076

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: NICHOLAS M. BANKS

MGR

10/05/2009

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