

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000089561

**FILED**  
**Jun 17, 2011**  
**Secretary of State**

**Entity Name:** CROWN MEDICAL SYSTEMS LLC

**Current Principal Place of Business:**

3300 NE 192 ST  
PARC CENTRAL I # 712  
AVENTURA, FL 33180 US

**New Principal Place of Business:**

**Current Mailing Address:**

4992 NORTH PINE ISLAND ROAD  
LAUDERHILL, FL 33351

**New Mailing Address:**

3300 NE 192 ST  
PARC CENTRAL I # 712  
AVENTURA, FL 33180 US

**FEI Number:** 20-3563173

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TELL, MEAH ROTHMAN  
4992 NORTH PINE ISLAND ROAD  
LAUDERHILL, FL 33351 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: MEAH ROTHMAN TELL

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SCHUMER, BRIAN  
Address: APARTMENT 712, 3300 N.E. 192ND STREET  
City-St-Zip: AVENTURA, FL 33180

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: BRIAN SCHUMER

MGRM

06/17/2011

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