

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000101586

**FILED**  
**Oct 03, 2011**  
**Secretary of State**

**Entity Name:** DR. PETER A. THOMAS & ASSOCIATES, LLC

**Current Principal Place of Business:**

4700 FLAMINGO ROAD  
COOPER CITY, FL 33330 US

**New Principal Place of Business:**

**Current Mailing Address:**

4700 FLAMINGO ROAD  
COOPER CITY, FL 33330 US

**New Mailing Address:**

415 WIMBLEDON DRIVE  
COOPER CITY, FL 33026 US

**FEI Number:** 55-0906730

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THOMAS, PETER A DR.  
4153 WIMBLEDON DRIVE  
COOPER CITY, FL 33026 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:** DR. PETER A. THOMAS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** THOMAS, PETER A DR.  
**Address:** 4153 WIMBLEDON DRIVE  
**City-St-Zip:** COOPER CITY, FL 33026 US

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:** DR. PETER A. THOMAS

MGR

10/03/2011

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