

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000012837

**FILED**  
**Nov 14, 2010**  
**Secretary of State**

**Entity Name:** SHOWTIME RECOVERY LLC

**Current Principal Place of Business:**

14220 SW 111 LN  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

14220 SW 111 LN  
MIAMI, FL 33186

**New Mailing Address:**

PO BOX 343061  
FLORIDA CITY, FL 33034

**FEI Number:** 14-1957655

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NUNEZ, MICHAEL  
14220 SW 111 LN  
MIAMI, FL 33186 US

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

GONZALEZ, JOSE  
14220 SW 111 LANE  
MIAMI, FL 33186 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: JOSE GONZALEZ

11/14/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: GONZALEZ, JOSE  
Address: PO BOX 343061  
City-St-Zip: FLORIDA CITY, FL 33034

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: JOSE GONZALES

PRE

11/14/2010

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