

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000031457

FILED
Oct 25, 2007
Secretary of State

Entity Name: MCCALL PROFESSIONAL CENTER LLC

Current Principal Place of Business:

2960 S MCCALL RD
SUITE 101
ENGLEWOOD, FL 34223

New Principal Place of Business:

2101 FORKED CREEK
ENGLEWOOD, FL 34223

Current Mailing Address:

2960 S MCCALL RD
SUITE 101
ENGLEWOOD, FL 34223

New Mailing Address:

2101 FORKED CREEK
ENGLEWOOD, FL 34223

FEI Number: 20-4746727 **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:

JULES, ROMAN
2960 S MCCALL RD
SUITE 101
ENGLEWOOD, FL 34223 US

Name and Address of New Registered Agent:

JULES, ROMAN
2101 FORKED CREEK
ENGLEWOOD, FL 34223 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: JULES ROMAN

10/25/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JULES, ROMAN
Address: PO BOX 522
City-St-Zip: BOCA GRANDE, FL 33921

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: DAVID, TAYLOR
Address: PO BOX 1007
City-St-Zip: BOCA GRANDE, FL 33921

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: JULES ROMAN

MGRM

10/25/2007

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