

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 21, 2008
Secretary of State

DOCUMENT# L06000045406

Entity Name: PDM RETIREMENT, LLC

Current Principal Place of Business:

15880 SUMMERLIN ROAD
#300
FORT MYERS, FL 33908

New Principal Place of Business:

18701 SAN CARLOS BLVD.
FORT MYERS BEACH, FL 33931

Current Mailing Address:

15880 SUMMERLIN ROAD
#300
FORT MYERS, FL 33908

New Mailing Address:

18701 SAN CARLOS BLVD.
FORT MYERS BEACH, FL 33931

FEI Number: 20-4806858 **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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: TROY TODD

10/21/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MORRISSETTE, PAUL
Address: 15880 SUMMERLIN ROAD #300
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MORRISSETTE, PAUL
Address: 18701 SAN CARLOS BLVD.
City-St-Zip: FORT MYERS BEACH, FL 33931

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: PAUL D. MORRISSETTE

MGR

10/21/2008

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