

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000072821

**Entity Name:** HORMONAMED LLC

**FILED**  
**Oct 03, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5567 SW 100 TERR  
COOPER CITY, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

5567 SW 100 TERR  
COOPER CITY, FL 33328

**New Mailing Address:**

**FEI Number:** 20-5244610

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ABUSENBL, SUBHI M  
5567 SW 100 TERR  
COOPER CITY, FL 33328 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:** SUBHI ABUSENBL

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** P  
**Name:** ABUSENBL, SUBHI M  
**Address:** 5567 SW 100 TERRACE  
**City-St-Zip:** COOPER CITY, FL 33328

**Title:** VP  
**Name:** ABUSENBL, TERESITA D  
**Address:** 5567 SW 100TERRACE  
**City-St-Zip:** COOPER CITY, FL 33328

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:** TERESITA ABUSENBL

VP

10/03/2012

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