

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L07000028212

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 DEC 24 AM 9:52

DOCUMENT # **L07000028212**

1. Limited Liability Company's Name

Marshall Medical Center LLC

08

100163936611
12/24/09--01004--005 **282.50

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

2600 N. Military Trail

Suite, Apt. #, etc.

160

City & State

Boca Raton, FL

Zip

33431

Country

3. Mailing Office Address

2600 N. Military Trail

Suite, Apt. #, etc.

160

City & State

Boca Raton, FL

Zip

33431

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Thomas J. Benz

Street Address (P.O. Box Number is Not Acceptable)

2600 N. Military Trail

Suite, Apt. #, Etc.

160

City

Boca Raton

State

FL

Zip Code

33431

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

11/5/09

REGISTERED AGENT MUST SIGN

Date **12/23/09**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Thomas J. Benz	2600 N. Military Trail	Boca Raton, FL 33431
MGR	Meredith T. Marshall	220 Clark Ave	Palm Beach, FL 33480

EFFECTIVE DATE 2008-2009

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of

Managing Member/Manager

11/5/09

Date:

12/23/09

Daytime Phone #

561-801-5456

Typed or printed name of signing Managing Member/Manager