

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000033152

**FILED**  
**Feb 19, 2009**  
**Secretary of State**

**Entity Name:** SOLOMON ENTERPRISES & MEDICAL SYSTEMS, LLC

**Current Principal Place of Business:**

2968 MYRTLE OAKS CIRCLE  
DAVIE, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

2968 MYRTLE OAKS CIRCLE  
DAVIE, FL 33328

**New Mailing Address:**

FEI Number: 20-8743603      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:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

VALEROS, CONRADO L MGR  
2968 MYRTLE OAKS CIRCLE  
DAVIE, FL 33328 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: CONRADO VALEROS

02/19/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: VALEROS, CONRADO L MGR  
Address: 2968 MYRTLE OAKS CIRCLE  
City-St-Zip: DAVIE, FL 33328

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: CONRADO VALEROS

MGR

02/19/2009

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