

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000033939

FILED
Jul 12, 2009
Secretary of State

Entity Name: PROPERTY LINE DIAGNOSTICS LLC

Current Principal Place of Business:

3810 HOLLOW WOOD DR.
VALRICO, FL 33594 US

New Principal Place of Business:

3810 HOLLOW WOOD DR.
VALRICO, FL 33596 US

Current Mailing Address:

P.O. BOX 1774
VALRICO, FL 33595 US

New Mailing Address:

FEI Number: 20-8757756 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

DISMUKE, RONALD M
3810 HOLLOW WOOD DR.
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

DISMUKE, RONALD M
3810 HOLLOW WOOD DR.
VALRICO, FL 33596 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: R. DISMUKE

07/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DISMUKE, RONALD M
Address: 3810 HOLLOW WOOD
City-St-Zip: VALRICO, FL 33594 US

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DISMUKE, RONALD M
Address: 3810 HOLLOW WOOD
City-St-Zip: VALRICO, FL 33596 US

Title: MGR () Change (X) Addition
Name: DISMUKE, ESSIE L
Address: 3810 HOLLOW WOOD DR.
City-St-Zip: VALRICO, FL 33596 US

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: R. DISMUKE

OWNE

07/12/2009

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