

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000047636

**FILED**  
**Dec 08, 2008**  
**Secretary of State**

**Entity Name:** PAVER MEDICS LLC

**Current Principal Place of Business:**

1802 SE 9TH TER  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

**Current Mailing Address:**

1802 SE 9TH TER  
CAPE CORAL, FL 33990

**New Mailing Address:**

**FEI Number:** 77-0684565      **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:**

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

HAMMOND, HENSON SHON  
1802 SE 9TH TER  
CAPE CORAL, FL 33990      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:** SHON HAMMOND

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR      ( ) Delete  
**Name:** HAMMOND, SHON  
**Address:** 1802 SE 9TH TER  
**City-St-Zip:** CAPE CORAL, FL 33990

**ADDITIONS/CHANGES:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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:** SHON HAMMOND

MGR

12/08/2008

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