

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000065399

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** ABSOLUTE IMAGING NETWORK LLC

**Current Principal Place of Business:**

6947 MERRILL RD  
JACKSONVILLE, FL 32277

**New Principal Place of Business:**

**Current Mailing Address:**

6947 MERRILL RD  
JACKSONVILLE, FL 32277

**New Mailing Address:**

FEI Number: 20-0809770      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:**

JALEEL, FIAZ  
3590 SIR ROGERS CT  
JACKSONVILLE, FL 32224      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: FIAZ JALEEL

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: JALEEL, FIAZ  
Address: 3590 SIR ROGERS CT  
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGRM  
Name: PATEL, VIPUL  
Address: 6947 MERRILL RD  
City-St-Zip: JACKSONVILLE, FL 32277

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: VIPUL R PATEL

MGRM

04/27/2010

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