

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000111811

Entity Name: MILLER SURGICAL, LLC

**FILED**  
**Oct 12, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

1908 SELVA MARINA  
ATLANTIC BEACH, FL 32246

**New Principal Place of Business:**

7 ST ANDREWS CT  
PALM COAST, FL 32137

**Current Mailing Address:**

1908 SELVA MARINA  
ATLANTIC BEACH, FL 32246

**New Mailing Address:**

7 ST ANDREWS CT  
PALM COAST, FL 32137

FEI Number: 42-1745122      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:**

MILLER, TRENTON G  
1908 SELVA MARINA  
ATLANTIC BEACH, FL 32246      US

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

MILLER, TRENTON G  
7 ST ANDREWS CT  
PALM COAST, FL 32137      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: TRENTON MILLER

10/12/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: MILLER, TRENTON G  
Address: 1908 SELVA MARINA  
City-St-Zip: ATLANTIC BEACH, FL 32246

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: MILLER, TRENTON G  
Address: 7 ST ANDREWS CT  
City-St-Zip: PALM COAST, FL 32137

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: TRENTON MILLER

MGR

10/12/2009

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