

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000004489

**Entity Name:** B & M MED MANAGEMENT, LLC

**FILED**  
**Jul 08, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

734 SHERWOOD TERRACE DRIVE, APT #109  
ORLANDO, FL 32818

**New Principal Place of Business:**

**Current Mailing Address:**

734 SHERWOOD TERRACE DRIVE, APT #109  
ORLANDO, FL 32818

**New Mailing Address:**

**FEI Number:** 26-1795577

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MAURICE, JEAN H  
734 SHERWOOD TERRACE DRIVE, APT #109  
ORLANDO, FL 32818 US

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

BELZOR, FAUSTIN  
734 SHERWOOD TERRACE DRIVE, APT #109  
ORLANDO, FL 32818 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: FAUSTIN BELZOR

07/08/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM

**Name:** BELZOR, FAUSTIN

**Address:** 734 SHERWOOD TERRACE DRIVE, APT #109

**City-St-Zip:** ORLANDO, FL 32818

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: FAUSTIN BELZOR

MGRM

07/08/2010

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