

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000004489

**FILED**  
**Nov 02, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

6210 FAIRLAWN DR  
ORLANDO, FL 32809

**New Principal Place of Business:**

**Current Mailing Address:**

6210 FAIRLAWN DR  
ORLANDO, FL 32809

**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:**

BELZOR, FAUSTIN  
6210 FAIRLAWN DR  
ORLANDO, FL 32809 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: FAUSTIN BELZOR

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

11/02/2012

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