

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000017644

**FILED**  
**Oct 01, 2009**  
**Secretary of State**

**Entity Name:** SPECTRUM SCAN - SUSANVILLE, LLC

**Current Principal Place of Business:**

215 FIFTH STREET, SUITE 100  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

215 FIFTH STREET, SUITE 100  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

**FEI Number:** 36-4526533      **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:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331      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:** PETER SOUZA

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:**

**ADDITIONS/CHANGES:**

**Title:** MGR ( ) Change (X) Addition  
**Name:** SPECTRUM MANAGEMENT, INC.  
**Address:** 10000 SHELBYVILLE ROAD, SUITE 100  
**City-St-Zip:** LOUISVILLE, KY 40223

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:** RODNEY BURBRIDGE

**PRES**

**10/01/2009**

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