

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000028658

**FILED**  
**Sep 15, 2011**  
**Secretary of State**

**Entity Name:** MED TRANS MEDICAL SUPPLIES, LLC

**Current Principal Place of Business:**

8180 NW 36 STREET  
100  
MIAMI, FL 33166 US

**New Principal Place of Business:**

8225 NW 30 TERR  
MIAMI, FL 33122 US

**Current Mailing Address:**

612 SW 156 AVENUE  
PEMBROKE PINES, FL 33027 US

**New Mailing Address:**

8225 NW 30 TERR  
MIAMI, FL 33122 US

**FEI Number:** 26-2244067

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ROBLEDO, ANTHONY  
8180 NW 36 STREET  
100  
MIAMI, FL 33166 US

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

MORALES, CARLOS  
8225 NW 30 TERR  
MIAMI, FL 33122 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: REGINA MORALES

09/15/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MORALES, CARLOS  
Address: 8225 NW 30 TERR  
City-St-Zip: MIAMI, FL 33122 US

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: CARLOS MORALES

MGRM

09/15/2011

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