

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000033326

Entity Name: SERV-MEDIC, LLC

**FILED**  
**Jan 28, 2013**  
**Secretary of State**

## **Current Principal Place of Business:**

1840 SOUTHWEST 22ND STREET, STE 4-523  
5670 NW 116TH AVE  
MIAMI, FL 33145 US

## **New Principal Place of Business:**

10883 NW 59 ST  
DORAL, FL 331782843 US

## **Current Mailing Address:**

1840 SOUTHWEST 22ND STREET, STE 4-523  
5670 NW 116TH AVE  
MIAMI, FL 33145 US

## **New Mailing Address:**

10883 NW 59 ST  
DORAL, FL 331782843 US

FEI Number: 22-3977863

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

JORGE M MENENDEZ, CPA, PA  
3901 NW 79 AVE  
220  
DORAL, FL 33166 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: JORGE M MENENDEZ

01/28/2013

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CHACIN SANDOVAL, NARDA Y  
Address: 10883 NW 59 ST  
City-St-Zip: DORAL, FL 331782843 US

Title: MGRM  
Name: LANDAETA CHACIN, DOUGLAS J  
Address: 10883 NW 59 ST  
City-St-Zip: DORAL, FL 331782843 US

Title: MGRM  
Name: LANDAETA CHACIN, YHULIANA M  
Address: 10883 NW 59 ST  
City-St-Zip: DORAL, FL 331782843 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: DOUGLAS LANDAETA

MGRM

01/28/2013

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