

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000039947

**FILED**  
**Nov 20, 2010**  
**Secretary of State**

**Entity Name:** RENOVO MEDICAL TOURS LLC.

**Current Principal Place of Business:**

10460 ROOSEVELT BLVD N  
STE 270  
ST PETERSBURG, FL 33716

**New Principal Place of Business:**

**Current Mailing Address:**

10460 ROOSEVELT BLVD N  
STE 270  
ST PETERSBURG, FL 33716

**New Mailing Address:**

**FEI Number:** 26-3458368

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NASSAR, PEDRO  
2302 ALSACE TERRACE  
ST PETERSBURG, FL 33714 US

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

NASSAR, PEDRO  
10229 WOODFORD BRIDGE STREET  
TAMPA, FL 33626 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: PEDRO NASSAR

11/20/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: NASSAR, PEDRO  
Address: 10229 WOODFORD BRIDGE STREET  
City-St-Zip: TAMPA, FL 33626

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: PEDRO NASSAR

PRES

11/20/2010

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