

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000020493

**FILED**  
**Sep 28, 2010**  
**Secretary of State**

**Entity Name:** EKNO MEDICAL SUPPLY LLC

**Current Principal Place of Business:**

6347 HARBOUR STAR DR  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

6347 HARBOUR STAR DR  
LAKE WORTH, FL 33467

**New Mailing Address:**

PO BOX 541765  
LAKE WORTH, FL 33467

**FEI Number:** 80-0354799

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

EARRON, STARKS  
6347 HARBOUR STAR DR  
LAKE WORTH, FL 33467 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:** EARRON STARKS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** STARKS, EARRON  
**Address:** 6347 HARBOUR STAR DR  
**City-St-Zip:** LAKEWORTH, FL 33467

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:** EARRON STARKS

MGR

09/28/2010

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