

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000023371

**FILED**  
**Jul 25, 2011**  
**Secretary of State**

**Entity Name:** M.D SOLUTION & REPAIRS, LLC.

**Current Principal Place of Business:**

6258 ALEXON DR.  
JACKSONVILLE, FL 32221

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 37335  
JACKSONVILLE, FL 32236

**New Mailing Address:**

**FEI Number:** 26-4374476

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HESTER, MICHELLE  
6258 ALEXON DR.  
JACKSONVILLE, FL 32221 US

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

HESTER, MICHELLE  
6258 ALEXON DR.  
JACKSONVILLE, FL 32210 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: MICHELLE HESTER

07/25/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MURPHY, JOHN W  
Address: 6258 ALEXON DR.  
City-St-Zip: JACKSONVILLE, FL 32210

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: MICHELLE HESTER

PRES

07/25/2011

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