

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000067568

**FILED**  
**Oct 29, 2010**  
**Secretary of State**

**Entity Name:** SOLACE MEDICAL LICENSING, LLC

**Current Principal Place of Business:**

11141 NE 227TH PL RD  
FT MCCOY, FL 32134

**New Principal Place of Business:**

5629 TOM SAWYER ROAD  
MILTON, FL 32583

**Current Mailing Address:**

11141 NE 227TH PL RD  
FT MCCOY, FL 32134

**New Mailing Address:**

73294 PENN MILL ROAD  
COVINGTON, LA 70435 US

**FEI Number:** 90-0539613

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BAMBER, KRISTINA  
11141 NE 227TH PL RD  
FT MCCOY, FL 32134 US

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

BAMBER, KRISTINA  
5629 TOM SAWYER ROAD  
MILTON, FL 32583 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: KRISTINA BAMBER

10/29/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BAMBER, KRISTINA  
Address: 5629 TOM SAWYER ROAD  
City-St-Zip: MILTON, FL 32583

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: KRISTINA BAMBER

MGRM

10/29/2010

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