

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000081363

**FILED**  
**Feb 01, 2011**  
**Secretary of State**

**Entity Name:** AGE MANAGEMENT PARTNERS, LLC

**Current Principal Place of Business:**

16805 US HIGHWAY 19 NORTH  
CLEARWATER, FL 33764 US

**New Principal Place of Business:**

**Current Mailing Address:**

16805 US HIGHWAY 19 NORTH  
CLEARWATER, FL 33764 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AMERICAN SAFETY COUNCIL, INC.  
5125 ADANSON ST.  
SUITE 500  
ORLANDO, FL 32804 US

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

GIORGIONE, DAVID L  
16805 US HWY 19 N  
CLEARWATER, FL 33764 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: DAVID GIORGIONE

02/01/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GIORGIONE, DAVID  
Address: 16805 US HIGHWAY 19 NORTH  
City-St-Zip: CLEARWATER, FL 33764 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: DAVID GIORGIONE

MGMR

02/01/2011

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