

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000121264

**FILED**  
**Feb 07, 2011**  
**Secretary of State**

**Entity Name:** MEDIATION SOLUTIONS OF SOUTHWEST FLORIDA, LLC

**Current Principal Place of Business:**

1614 COLONIAL BLVD.  
FT. MYERS, FL 33907

**New Principal Place of Business:**

2075 WEST FIRST STREET  
SUITE 200  
FT. MYERS, FL 33901 FL

**Current Mailing Address:**

1614 COLONIAL BLVD.  
FT. MYERS, FL 33907

**New Mailing Address:**

2075 WEST FIRST STREET  
SUITE 200  
FT. MYERS, FL 33901 FL

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

FINK, MICHAEL G  
1614 COLONIAL BLVD.  
FT. MYERS, FL 33907 US

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

FINK, MICHAEL G  
2075 WEST FIRST STREET  
SUITE 200  
FT. MYERS, FL 33901 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: MICHAEL G. FINK

02/07/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: FINK, MICHAEL G  
Address: 2075 WEST FIRST STREET, SUITE 200  
City-St-Zip: FT. MYERS, FL 33901

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: MICHAEL G. FINK

MGM

02/07/2011

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