

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000122041

**FILED**  
**Sep 27, 2010**  
**Secretary of State**

**Entity Name:** NURSESTAFFING FRANCHISING, LLC

**Current Principal Place of Business:**

7071 UNIVERSITY BLVD  
WINTER PARK, FL 32750 US

**New Principal Place of Business:**

**Current Mailing Address:**

7071 UNIVERSITY BLVD  
WINTER PARK, FL 32750 US

**New Mailing Address:**

**FEI Number:** 27-1556461

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAY, DON  
7071 UNIVERSITY BLVD  
WINTER PARK, FL 32792 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: DON DAY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: DAY, DON  
Address: 7071 UNIVERSITY BLVD  
City-St-Zip: WINTER PARK, FL 32792

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: DON DAY

MGR

09/27/2010

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