

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000013624

**Entity Name:** MERLIN HEALTHCARE, LLC

**FILED**  
**Nov 03, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

610 SYCAMORE STREET, SUITE 240  
CELEBRATION, FL 34747 US

**New Principal Place of Business:**

**Current Mailing Address:**

610 SYCAMORE STREET, SUITE 240  
CELEBRATION, FL 34747 US

**New Mailing Address:**

**FEI Number:** 27-2046286

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

INCorp SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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: PAUL CHARD

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** BESPOKE TRAINING AND DEVELOPMENT LTD  
**Address:** BLISSFORD HULL FROGHAM FORDINBRIDGE,  
**City-St-Zip:** HAMPSHIRE SP6 2HU,

**Title:** MGRM  
**Name:** CHARD, PAUL  
**Address:** 817 VERANDA PLACE  
**City-St-Zip:** CELEBRATION, FL 34747 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: PAUL CHARD

MGRM

11/03/2011

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