

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000014168

**Entity Name:** NITCH MEDICAL, LLC

**FILED**  
**Feb 01, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

319 BAHIA VISTA DRIVE  
INDAIN ROCKS BEACH, FL 33785 US

**New Principal Place of Business:**

319 BAHIA VISTA DRIVE  
INDIAN ROCKS BEACH, FL 33785 US

**Current Mailing Address:**

319 BAHIA VISTA DRIVE  
INDAIN ROCKS BEACH, FL 33785 US

**New Mailing Address:**

**FEI Number:** 27-1872553      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

KING, JOHN D  
319 BAHIA VISTA DRIVE  
INDIAN ROCKS BEACH, FL 33785 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: JOHN KING

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** KING, JOHN D  
**Address:** 319 BAHIA VISTA DRIVE  
**City-St-Zip:** INDIAN ROCKS BEACH, FL 33785 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: JOHN KING

\_\_\_\_\_  
MBR

\_\_\_\_\_  
02/01/2013

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