

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000109788

Entity Name: SUNCOAST BRACES, P.L.

**FILED**  
**Sep 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1743 SWAMP ROSE LANE  
TRINITY, FL 34655

**New Principal Place of Business:**

17020 COUNTY LINE ROAD  
SUITE 102  
SPRING HILL, FL 34610

**Current Mailing Address:**

1743 SWAMP ROSE LANE  
TRINITY, FL 34655

**New Mailing Address:**

FEI Number: 27-3770605

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SHERIDAN, ROBERT D  
1743 SWAMP ROSE LANE  
TRINITY, FL 34655 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: ROBERT SHERIDAN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SHERIDAN, ROBERT D  
Address: 1743 SWAMP ROSE LANE  
City-St-Zip: TRINITY, FL 34655

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: ROBERT SHERIDAN

MGR

09/28/2011

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