

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000114579

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Entity Name:** ATM ALTA TECNOLOGIA MEDICA, LLC

**Current Principal Place of Business:**

8065 SW 107 AV  
307  
KENDALL, FL 33173 US

**New Principal Place of Business:**

2816 NORTHPOINTE LN  
TAMPA, FL 33611 US

**Current Mailing Address:**

8065 SW 107 AV  
307  
KENDALL, FL 33173 US

**New Mailing Address:**

2816 NORTHPOINTE LN  
TAMPA, FL 33611 US

**FEI Number:** 27-3823533

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MUJICA, ADRIANA  
8065 SW 107 AV  
307  
KENDALL, FL 33173 US

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

MUJICA, ADRIANA  
2816 NORTHPOINTE LN  
307  
TAMPA, FL 33611 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: ADRIANA MUJICA

02/08/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MUJICA, SCARLET  
Address: 2816 NORTHPOINTE LN  
City-St-Zip: TAMPA, FL 33611 US

Title: MGRM  
Name: MUJICA, ADRIANA  
Address: 2816 NORTHPOINTE LN  
City-St-Zip: TAMPA, FL 33611 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: ADRIANA MUJICA

MGRM

02/08/2012

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