

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000119351

**FILED**  
**Apr 22, 2012**  
**Secretary of State**

**Entity Name:** GREG G STOICI DVM, LLC

**Current Principal Place of Business:**

1507 4TH STREET NORTH  
ST PETERSBURG, FL 33704

**New Principal Place of Business:**

**Current Mailing Address:**

1507 4TH STREET NORTH  
ST PETERSBURG, FL 33704

**New Mailing Address:**

**FEI Number:** 27-3985673

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STOICI, GREG G  
714 MONTEREY BLVD NE  
ST PETERSBURG, FL 33704 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:** GREG G STOICI

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** STOICI, GREG G  
**Address:** 714 MONTEREY BLVD NE  
**City-St-Zip:** ST PETERSBURG, FL 33704

**Title:** MGRM  
**Name:** STOICI, IOANA A  
**Address:** 714 MONTEREY BLVD NE  
**City-St-Zip:** ST PETERSBURG, FL 33704

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:** GREG G STOICI

MR

04/22/2012

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