

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000129295

**FILED**  
**Nov 05, 2014**  
**Secretary of State**

**Entity Name:** SOUTHERN SURGICAL SPECIALTIES, LLC

**Current Principal Place of Business:**

850966 US HWY 17 NORTH  
YULEE, FL 32097 US

**New Principal Place of Business:**

5651 NW 29TH ST  
MARGATE, FL 33063 US

**Current Mailing Address:**

850966 US HWY 17 NORTH  
YULEE, FL 32097 US

**New Mailing Address:**

PO BOX 8005  
DELRAY BEACH, FL 33482 US

**FEI Number:** 27-4381294

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOYLE, MICHAEL J  
850966 US HWY 17 NORTH  
YULEE, FL 32097 US

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

BOYLE, MICHAEL J  
5651 NW 29TH ST  
MARGATE, FL 33063 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: MICHAEL BOYLE

11/05/2014

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGR  
Name: BOYLE, MICHAEL J  
Address: PO BOX 8005  
City-St-Zip: DELRAY BEACH, FL 33482 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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: MICHAEL BOYLE

MGR

11/05/2014

Electronic Signature of Authorized Person

Date