

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000008599

**Entity Name:** HILA BECKERMAN, MD LLC

**FILED**  
**Apr 15, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

6074 VIA CRYSTALLE  
DELRAY BEACH, FL 33484

**New Principal Place of Business:**

**Current Mailing Address:**

6074 VIA CRYSTALLE  
DELRAY BEACH, FL 33484

**New Mailing Address:**

**FEI Number:** 45-2165299

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BECKERMAN, HILA  
6074 VIA CRYSTALLE  
DELRAY BEACH, FL 33484 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:** HILA BECKERMAN

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

**Title:** MGR  
**Name:** BECKERMAN, HILA  
**Address:** 6074 VIA CRYSTALLE  
**City-St-Zip:** DELRAY BEACH, FL 33484

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:** HILA BECKERMAN

MGR

04/15/2014

Electronic Signature of Authorized Person

Date