

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000089163

Entity Name: T.L. JUPITER LLC

**FILED**  
**Oct 01, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

601 UNIVERSITY BLVD, #105  
JUPITER, FL 33458 US

**New Principal Place of Business:**

**Current Mailing Address:**

1 SOUTH OCEAN BLVD #306  
BOCA RATON, FL 33432

**New Mailing Address:**

FEI Number: 45-3177301

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RISK, DAWN  
800 W CYPRESS CREEK RD  
240  
FT LAUDERDALE, FL 33309 US

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

RISK, DAWN  
1 SOUTH OCEAN BLVD  
306  
BOCA RATON, FL 33432 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: DAWN RISK

10/01/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: TL MEDICAL ENTERPRISES LLC  
Address: 1 SOUTH OCEAN BLVD. #306  
City-St-Zip: BOCA RATON, FL 33432 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: DAWN RISK

MGRM

10/01/2012

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