

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000133033

**Entity Name:** AUTOSCRIBE ARROW, LLC

**FILED**  
**Dec 20, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

9801 WASHINGTONIAN BLVD  
SUITE 200  
GAITHERSBURG, MD 20878

**New Principal Place of Business:**

401 E LAS OLAS BLVD  
SUITE 1400  
FT LAUDERDALE, FL 33301

**Current Mailing Address:**

9801 WASHINGTONIAN BLVD  
SUITE 200  
GAITHERSBURG, MD 20878

**New Mailing Address:**

401 E LAS OLAS BLVD  
SUITE 1400  
FT LAUDERDALE, FL 33301

**FEI Number:** 35-2428299

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

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

POLLIN, ROBERT E  
401 E LAS OLAS BLVD  
SUITE 1400  
FT LAUDERDALE, FL 33301 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: ROBERT E. POLLIN

12/20/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: POLLIN, ROBERT  
Address: 401 E LAS OLAS BLVD  
City-St-Zip: FT LAUDERDALE, FL 33301 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: ROBERT E. POLLIN

MGRM

12/20/2012

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