

2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L12000011612

Entity Name: FULL-LINE ORTHOPAEDICS LLC

FILED
Jan 02, 2014
Secretary of State

Current Principal Place of Business:

2119 E. DELLVIEW DR.
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

2119 E. DELLVIEW DR.
TALLAHASSEE, FL 32303 US

New Mailing Address:

FEI Number: 45-4362217

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAK COURT
A
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

CARROLL AND COMPANY, CPAS
2640-A MITCHAM DRIVE
TALLAHASSEE, FL 32308 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: STEPHANIE ZOTTOLI

01/02/2014

Electronic Signature of Registered Agent

Date

AUTHORIZED PERSONS:

Title: MGRM
Name: SIMMONS, JOHN L
Address: 2119 E. DELLVIEW DR.
City-St-Zip: TALLAHASSEE, FL 32303 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: JOHN SIMMONS

PRES

01/02/2014

Electronic Signature of Authorized Person

Date