

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000050518

**Entity Name:** NURSE ALERT, LLC

**FILED**  
**Nov 24, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

4083 OVERTURE CIR.  
BRADENTON, FL 34209

**New Principal Place of Business:**

**Current Mailing Address:**

4083 OVERTURE CIR.  
BRADENTON, FL 34209

**New Mailing Address:**

**FEI Number:** 46-2609906

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

KIENZEL, CHARLES  
4083 OVERTURE DR.  
BRADENTON, FL 34209 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:** CHARLES W. KIENZEL

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

**Title:** AMBR  
**Name:** KIENZEL, CHARLES  
**Address:** 4083 OVERTURE CIR  
**City-St-Zip:** BRADENTON, FL 34209

**Title:** AMBR  
**Name:** POOLE, CHRISTOPHER  
**Address:** 4083 OVERTURE CIR  
**City-St-Zip:** BRADENTON, FL 34209

**Title:** AMBR  
**Name:** KALLIS, ZACHARY  
**Address:** 6412 MANATEE AVENUE, WEST  
**City-St-Zip:** BRADENTON, FL 34209

**Title:** AMBR  
**Name:** KALLIS, JOHN  
**Address:** 617 EAST PALISADE AVENUE  
**City-St-Zip:** ENGLEWOOD CLIFFS, NJ 07632

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:** CHARLES W. KIENZEL

AMBR

11/24/2014

Electronic Signature of Authorized Person

Date