

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L13000055301

1. Limited Liability Company's Name

Medical Multimedia of Central Florida  
LLC

2. Principal Office Address - No P.O. Box #

3536 Premier Dr

Suite, Apt. #, etc.

3. Mailing Office Address

3536 Premier Dr

Suite, Apt. #, etc.

City & State

Casselberry FL

Zip

32707

Country

USA

City & State

Casselberry FL

Zip

32707

Country

USA

8. Name and Address of Current Registered Agent

Name

Todd Myre

Street Address (P.O. Box Number is Not Acceptable) Suite,

3536 Premier Dr

Apt. #, Etc.

City

Casselberry

State

FL

Zip Code

32707

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9/24/15

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	Todd Myre	3536 Premier Dr	Casselberry FL 32707

**REINSTATEMENT**

2015

**S. HAWKES**

**OCT 7 - A.M.**

**EXAMINER**

11. E-mail Address:

Toddmyre@yahoo.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

9/24/15

Daytime Phone #

407 312 9523

Typed or printed name of signing authorized representative/member