

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

155.00

DOCUMENT # M00000002289

1. Entity Name
AVENDRA, LLC



SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 DEC 19 AM 10:22

Principal Place of Business
702 KING FARM BLVD., STE. 600
ROCKVILLE, MD 20850

Mailing Address
702 KING FARM BLVD., STE. 600
ROCKVILLE, MD 20850

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12012005 REIN-LLC CR2E101 (6/04)

4. FEI Number
52-2278463

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Stacy M. Rosenthal
Vice President and
Assistant Secretary

(NOTE: Registered Agent signature required when reinstating)

DATE

12/5/2005

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BAKER, DENNIS M
702 KING FARM BLVD., STE. 600
ROCKVILLE, MD 20850 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
WEED, BRIAN G
702 KING FARM BLVD., STE. 600
ROCKVILLE, MD 20850 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
BEREY, MARK H
702 KING FARM BLVD., STE. 600
ROCKVILLE, MD 20850 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
200064018122
01/19/06--01006--030 **310.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
REINSTATEMENT ☐ Change ☒ Addition
2005

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

12/10/2005

301-825-0500

Date

Daytime Phone #