

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M01000001441

FILED  
Oct 09, 2009  
Secretary of State

**Entity Name:** HOSPITAL HOUSEKEEPING SYSTEMS GP, LLC

**Current Principal Place of Business:**

322 CONGRESS AVE  
AUSTIN, TX 78701

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2292  
AUSTIN, TX 78767

**New Mailing Address:**

322 CONGRESS  
AUSTIN, TX 78701

**FEI Number:** 74-2985175      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

FLOYD, BOB  
9550 125TH STREET NORTH  
SEMINOLE, FL 33772 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: BOB FLOYD

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FLOYD, BOB  
Address: 9550 125TH STREET  
City-St-Zip: SEMINOLE, FL 33772

Title: MGR ( ) Delete  
Name: HOLMES, CRAIG  
Address: 322 CONGRESS AVE  
City-St-Zip: AUSTIN, TX 78701

Title: MGR ( ) Delete  
Name: THORNTON, ROY  
Address: 322 CONGRESS AVE  
City-St-Zip: AUSTIN, TX 78701

Title: MGR ( ) Delete  
Name: THORNTON, ROY G  
Address: P.O. BOX 2292  
City-St-Zip: AUSTIN, TX 78767

Title: MGR ( ) Delete  
Name: HOLMES, CRAIG S  
Address: P.O. BOX 2292  
City-St-Zip: AUSTIN, TX 78767

Title: MGR ( ) Delete  
Name: SPRY, THOMAS D SR.  
Address: P.O. BOX 2292  
City-St-Zip: AUSTIN, TX 78767

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: BOB FLOYD

MGR

10/09/2009

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