

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M09000002432

**FILED**  
**Mar 18, 2011**  
**Secretary of State**

**Entity Name:** SURGICAL DEVICE EXCHANGE, LLC

**Current Principal Place of Business:**

1850 S. OCEAN DR. #2310  
HALLANDALE, FL 33009

**New Principal Place of Business:**

1830 S. OCEAN DR. #4602  
HALLANDALE, FL 33009

**Current Mailing Address:**

1850 S. OCEAN DR. #2310  
HALLANDALE, FL 33009

**New Mailing Address:**

1830 S. OCEAN DR. #4602  
HALLANDALE, FL 33009

**FEI Number:** 27-0616109

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GREENHALGH, TRAVIS  
1850 S. OCEAN DR. #2310  
HALLANDALE, FL 33009 US

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

GREENHALGH, TRAVIS  
1830 S. OCEAN DR. #4602  
HALLANDALE, FL 33009 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: TRAVIS GREENHALGH

03/18/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GREENHALGH, TRAVIS  
Address: 1830 S. OCEAN DR. #4602  
City-St-Zip: HALLANDALE, FL 33009

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 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: TRAVIS GREENHALGH

PRES

03/18/2011

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