

2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L14000093848

Entity Name: ROBYN HOELLE, M.D. PLLC

Current Principal Place of Business:

8803 SW 61ST AVE
GAINESVILLE, FL 32608

Current Mailing Address:

8803 SW 61ST AVE
GAINESVILLE, FL 32608 US

FEI Number: 47-1167690

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOELLE, ROBYN
8803 SW 61ST AVE
GAINESVILLE, FL 32608 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: ROBYN HOELLE

01/15/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name HOELLE, ROBYN
Address 8803 SW 61ST AVE
City-State-Zip: GAINESVILLE FL 32608

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBYN HOELLE

MGR

01/15/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date