

2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L15000194907

Entity Name: A ISTOMIN MD LLC

Current Principal Place of Business:

111 N POMPANO BEACH
1104
POMPANO BEACH, FL 33062

Current Mailing Address:

PO BOX 2515
HALLANDALE, FL 33008

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ISTOMIN MD, ALBINA
111 N POMPANO BEACH
1104
POMPANO BEACH, FL 33062 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: ALBINA ISTOMIN MD

02/15/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name ISTOMIN MD, ALBINA
Address 111 N POMPANO BEACH # 1104
City-State-Zip: POMPANO BEACH FL 33062

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: ALBINA ISTOMIN MD

MGR

02/15/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date