


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**

08 JUL 21 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600133393406  
07/24/08--01029--001 \*\*252.50

<b>DOCUMENT # L06000006845</b> 1. Entity Name FREEDOM RINGS BUSINESS STRATEGIES, LLC	
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Principal Place of Business 37 N. ORANGE AVENUE, SUITE 500 ORLANDO, FL 32801 <span style="font-size: 1.5em; color: red;">DELETE</span>	Mailing Address 37 N. ORANGE AVENUE, SUITE 500 ORLANDO, FL 32801 <span style="font-size: 1.5em; color: red;">DELETE</span>
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2. Principal Place of Business - No P.O. Box # 2578 ENTERPRISE BLVD Suite, Apt. #, etc. SUITE 224	3. Mailing Address 2578 ENTERPRISE BLVD. Suite, Apt. #, etc. SUITE 224
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City & State ORANGE CITY, FL Zip 32713 Country USA	City & State ORANGE CITY, FL Zip 32713 Country USA
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07102008	REIN-LLC	CR2E101 (1/07)	
4. FEI Number 20-4397346		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

APPEL, DONNA C  
2578 ENTERPRISE BLVD.  
SUITE 224  
ORANGE CITY, FL 32713

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$277.50</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR APPEL, DONNA C 2578 ENTERPRISE BLVD., SUITE 224 ORANGE CITY, FL 32713 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM APPEL, DONNA C 2578 ENTERPRISE BLVD SUITE 224 ORANGE CITY, FL 32713 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ENTRUST ARIZONA, LLC 11209 N. TATUM BLVD., STE. 220 PHOENIX, AZ 85028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER ENTRUST ARIZONA, LLC 11209 N. TATUM BLVD. SUITE 220 PHOENIX, AZ 85028 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLS <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	07/07/08 01015-003 30.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>REINSTATEMENT</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	07-08 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	without penalty	TITLE NAME STREET ADDRESS CITY-ST-ZIP	nc 7/21/08 <input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Donna C. Appel  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_