

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000118066

**FILED**  
**Aug 02, 2010**  
**Secretary of State**

**Entity Name:** ASKELAND ENTERPRISES, L.L.C.

**Current Principal Place of Business:**

1396 SW PALM CITY ROAD  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

1396 SW PALM CITY ROAD  
STUART, FL 34994

**New Mailing Address:**

**FEI Number:** 26-1500032

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ASKELAND, GUNNAR A  
1396 SW PALM CITY ROAD  
STUART, FL 34994 US

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

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: GUNNAR A. ASKELAND

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ASKELAND, GUNNAR A  
Address: 1396 SW PALM CITY ROAD  
City-St-Zip: STUART, FL 34994

Title: MGR  
Name: ASKELAND, GUNNAR C  
Address: 1396 SW PALM CITY ROAD  
City-St-Zip: STUART, FL 34994

Title: MGR  
Name: ASKELAND, KARLYN S  
Address: 1396 SW PALM CITY ROAD  
City-St-Zip: STUART, FL 34994

Title: MGR  
Name: ASKELAND, KARLYN E  
Address: 1396 SW PALM CITY ROAD  
City-St-Zip: STUART, FL 34994

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: GUNNAR A. ASKELAND

RA

08/02/2010

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