

# 2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000009146

**FILED**  
**Apr 06, 2010**  
**Secretary of State**

**Entity Name:** A BRIDGE FOR INDEPENDENCE LLC

**Current Principal Place of Business:**

1627 SHELburnE LANE  
SARASOTA, FL 34231

**New Principal Place of Business:**

3658 TORREY PINES WAY  
SARASOTA, FL 34238

**Current Mailing Address:**

1627 SHELburnE LANE  
SARASOTA, FL 34231

**New Mailing Address:**

3658 TORREY PINES WAY  
SARASOTA, FL 34238

**FEI Number:** 33-1200439      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

STANFORD, KIMBERLY K  
1627 SHELburnE LANE  
SARASOTA, FL 34231    US

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

STANFORD, KIMBERLY K  
3658 TORREY PINES WAY  
SARASOTA, FL 34238    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: KIMBERLY K. STANFORD

04/06/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** STANFORD, KIMBERLY K  
**Address:** 3658 TORREY PINES WAY  
**City-St-Zip:** SARASOTA, FL 34238

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: KIMBERLY K. STANFORD

MNGR

04/06/2010

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