

2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L09000053406

FILED
Oct 05, 2013
Secretary of State

Entity Name: BEHRENS & COMPANY, PLLC

Current Principal Place of Business:

189 S ORANGE AVENUE
1850
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

646 BROADOAK LOOP
LAKE FOREST, FL 32771

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BEHRENS, DOMINIQUE A
646 BROADOAK LOOP
LAKE FOREST, FL 32771 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: DOMINIQUE A BEHRENS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: SWISS INTERNATIONAL TRUST COMPANY AG, LTD
Address: 189 S ORANGE AVENUE SUITE 1850
City-St-Zip: ORLANDO, FL 32801

Title: MGR
Name: FAIRCHILD VINTAGE TRUST & CO, HELVETICA LTD
Address: 189 S ORANGE AVENUE SUITE 1850
City-St-Zip: ORLANDO, FL 32801

Title: MGRM
Name: BEHRENS & TRUST, INC.
Address: 189 S ORANGE AVENUE SUITE 1850
City-St-Zip: ORLANDO, FL 32801

Title: MGR
Name: RECOVERY FUND, INC.
Address: 189 S ORANGE AVENUE SUITE 1850
City-St-Zip: ORLANDO, FL 32801

Title: MGR
Name: BEHRENS FOUNDATION, LICHTENSTEIN LTD
Address: 189 S ORANGE AVENUE SUITE 1850
City-St-Zip: ORLANDO, FL 32801

Title: MGR
Name: BEHRENS & TRUST, LLC
Address: 189 S ORANGE AVENUE SUITE 1850
City-St-Zip: ORLANDO, FL 32801

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: DOMINIQUE A BEHRENS

CEO

10/05/2013

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