

**2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L17000194136

**FILED**  
**Mar 08, 2019**  
**Secretary of State**  
**2140872620CR**

**Entity Name:** 1 2 TREE LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

5422 GARFIELD RD  
DELRAY BEACH, FL 33484

**Current Mailing Address:**

5422 GARFIELD RD  
DELRAY BEACH, FL 33484 US

**FEI Number:** 82-2825255

**Certificate of Status Desired:** Yes

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

SCHELL, SAM  
5422 GARFIELD RD  
DELRAY BEACH, FL 33484 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:** SAM SCHELL

03/08/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name SAM, SCHELL  
Address 5680 W ATLANTIC AVE #103  
City-State-Zip: DELRAY BEACH FL 33484

Title MGR  
Name LA FEVERS, PATRIC  
Address 5422 GARFIELD RD  
City-State-Zip: DELRAY BEACH FL 33484

*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:** SAM SCHELL

MGR

03/08/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date