## 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L0000003350

Entity Name: POLK ENTERPRISES, LLC

FILED Oct 05, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1015 E. SEMORAN BLVD., #225 CASSELBERRY, FL 32707

**Current Mailing Address: New Mailing Address:** 

1015 E. SEMORAN BLVD., #225 CASSELBERRY, FL 32707

FEI Number: 59-3638275 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: Name and Address of New Registered Agent:

POLK, NEAPOLEON F 1015 É. SEMORAN BLVD., #225 CASSELBERRY, FL 32707

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: NEAPOLEON POLK

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: () Delete (X) Change ( ) Addition POLK, NEOPOLEON POLK, NEAPOLEON Name: Name: Address: 1015 E. SEMORAN BLVD., #225 Address: 1015 E. SEMORAN BLVD., #225

City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: CASSELBERRY, FL 32707

Title: MGRM () Delete Title: () Change () Addition

POLK, RUTH JAXSON Name: Name: Address: 579 NAPOLEON LANE Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: NEAPOLEON POLK **PRES** 10/05/2006