

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L00000009021

Entity Name: MY FOUR BEARS, LLC

**FILED**  
**Sep 27, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

3018 SAVAGE ROAD  
SARASOTA, FL 342317121

**New Principal Place of Business:**

**Current Mailing Address:**

3018 SAVAGE ROAD  
SARASOTA, FL 342317121

**New Mailing Address:**

FEI Number: 65-1027390      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:**

LANGDON, ALLEN E PH.D  
125 FIRST AVENUE  
NOKOMIS, FL 342754242 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: ALLEN LANGDON

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: CEOD      ( ) Delete  
Name: SANDERS, BARBARA L  
Address: 3018 SAVAGE ROAD  
City-St-Zip: SARASOTA, FL 34231

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BARBARA L SANDERS

CEOD

09/27/2005

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