

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L01000005383

**FILED**  
**Nov 21, 2005**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA TAE KWON DO CENTER, LLC.

**Current Principal Place of Business:**

12445 SOUTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32837

**New Principal Place of Business:**

**Current Mailing Address:**

12445 SOUTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32837

**New Mailing Address:**

FEI Number: 59-3709289      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:**

WEST, CHAD A  
12445 SOUTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32837      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: CHAD A WEST

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: WEST, CHAD A  
Address: 12445 S. ORANGE BLSSOM TRAIL  
City-St-Zip: ORLANDO, FL

**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: CHAD A WEST

MNGR

11/21/2005

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