

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000017684

Entity Name: FELDMAN FAMILY, LLC.

FILED  
Oct 12, 2005  
Secretary of State

**Current Principal Place of Business:**

ROBERT B. FELDMAN  
1316 GREEN COVE ROAD  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

ROBERT B. FELDMAN  
1316 GREEN COVE ROAD  
WINTER PARK, FL 32789

**New Mailing Address:**

FEI Number: 01-0751211

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KANE, STEVEN H  
557 NORTH WYMORE ROAD STE. 100  
MAITLAND, FL 32751 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: ROBERT B. FELDMAN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FELDMAN, ROBERT B  
Address: 2224 SMOKE TREE CT  
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM ( ) Delete  
Name: FELDMAN, LISA N  
Address: 2224 SMOKETREE COURT  
City-St-Zip: LONGWOOD, FL 32779

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FELDMAN, ROBERT B  
Address: 1316 GREEN COVE RD.  
City-St-Zip: WINTER PARK, FL 32789

Title: MGRM (X) Change ( ) Addition  
Name: FELDMAN, LISA N  
Address: 1316 GREEN COVE RD.  
City-St-Zip: WINTER PARK, FL 32789

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: ROBERT B. FELDMAN

MM

10/12/2005

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