

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000033946

**FILED**  
**Apr 28, 2009**  
**Secretary of State**

**Entity Name:** PRINCESS, L.C.

**Current Principal Place of Business:**

2326 DEL PRADO BLVD  
CAPE CORAL, FL 33990 US

**New Principal Place of Business:**

**Current Mailing Address:**

2326 DEL PRADO BLVD  
CAPE CORAL, FL 33990 US

**New Mailing Address:**

3746 SE 1ST PLACE  
CAPE CORAL, FL 33904 US

**FEI Number:** 37-1453846      **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:**

WORKMIN, YASMIN L  
2326 DEL PRADO BLVD  
CAPE CORAL, FL 33990 US

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

WORKMIN, YASMIN L  
3746 SE 1ST PLACE  
CAPE CORAL, FL 33904 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:** YASMIN WORKMAN

04/28/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** WORKMAN, YASMIN  
**Address:** 2326 DEL PRADO BLVD.  
**City-St-Zip:** CAPE CORAL, FL 33990

**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 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:** YASMIN WORKMAN

MGRM

04/28/2009

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