

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000056573

Entity Name: BRAD ECHELSON, LLC

**FILED**  
**Jan 20, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

613 NW 11TH ST  
CAPE CORAL, FL 33993 US

**New Principal Place of Business:**

**Current Mailing Address:**

613 NW 11TH ST  
CAPE CORAL, FL 33993 US

**New Mailing Address:**

FEI Number: 33-1079826      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:**

ECHELSON, BRAD  
613 NW 11TH ST  
CAPE CORAL, FL 33993 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: BRAD ECHELSON

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ECHELSON, BRAD  
Address: 613 NW 11TH ST  
City-St-Zip: CAPE CORAL, FL 33993 US

**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: BRAD ECHELSON

MGRM

01/20/2008

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