

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000031386

**Entity Name:** MICHAEL JOSEPH PRICE, LLC

**FILED**  
**Sep 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

189 NORTH BAYSHORE DRIVE  
EASTPOINT, FL 32328 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 763  
EASTPOINT, FL 32328 US

**New Mailing Address:**

**FEI Number:** 20-1028662

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PRICE, MICHAEL J  
189 NORTH BAY SHORE DRIVE  
EASTPOINT, FL 32328 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: MICHAEL J. PRICE

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PRICE, MICHAEL J  
Address: P.O. BOX 763  
City-St-Zip: EASTPOINT, FL 32328 US

I hereby 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: MICHAEL J. PRICE

MGRM

09/28/2011

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