

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP 22 AM 10:46

DOCUMENT # L04000037915																													
1. Entity Name MFI, LLC																													
Principal Place of Business 2614 AMHERST LANE LAKE WORTH, FL 33460 - 6306			Mailing Address 2614 AMHERST LANE LAKE WORTH, FL 33460 - 6306																										
2. Principal Place of Business			3. Mailing Address																										
Suite, Apt. #, etc.			Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country	Zip		Country																								
4. FEI Number 20-1245845			Applied For Not Applicable																										
5. Certificate of Status Desired ☐			\$5.00 Additional Fee Required																										
6. Name and Address of Current Registered Agent FEARRINGTON, WILLA A ESQ ARNSTEIN & LEHR LLP 515 NORTH FLAGLER DRIVE, SIXTH FLOOR WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent																										
Name			Name																										
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)																										
City			City																										
FL			Zip Code																										
8. 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. I am familiar with, and accept the obligations of registered agent.																													
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
FILE NOW!!! FEE IS \$50.00 After January 1, 2006, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES																										
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Robert W Mackler</u> 9-1-05 561-626-9190																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																													