

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000039970

Entity Name: FLAGSHIP LLC

FILED  
Sep 05, 2008  
Secretary of State

**Current Principal Place of Business:**

2606 BAY DRIVE  
BRADENTON, FL 34207

**New Principal Place of Business:**

**Current Mailing Address:**

2606 BAY DRIVE  
BRADENTON, FL 34207

**New Mailing Address:**

FEI Number: 20-1172217      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:**

FURMAN, LEN  
2606 BAY DRIVE  
BRADENTON, FL 34207      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: LEN FURMAN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: FURMAN, LEN  
Address: 2606 BAY DRIVE  
City-St-Zip: BRADENTON, FL 34207

Title: MGRM      ( ) Delete  
Name: FURMAN, CASEY  
Address: 8682 SW 76TH PL  
City-St-Zip: GAINESVILLE, FL 32608

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM      (X) Change ( ) Addition  
Name: ROBERTS, BRANDON  
Address: 1216 73RD ST NW  
City-St-Zip: BRADENTON, FL 34209

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: LEN FURMAN

MR.

09/05/2008

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