

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000044566

Entity Name: TURNING POINTE, LLC

**FILED**  
**Oct 05, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

3869 WEKIVA SPRINGS ROAD  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

3869 WEKIVA SPRINGS ROAD  
LONGWOOD, FL 32779

**New Mailing Address:**

FEI Number: 20-1348620

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FLICK, JAMES J  
112 LAKE AVENUE  
ORLANDO, FL 32801 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: JAMES FLICK

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: KHOURY, BIANCA A MGR  
Address: 3869 WEKIVA SPRINGS RD  
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BIANCA KHOURY

MGR

10/05/2005

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