

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000083988

**FILED**  
**Sep 02, 2014**  
**Secretary of State**

**Entity Name:** GENESIS DISTRIBUTORSHIP LLC

**Current Principal Place of Business:**

622 WILSHIRE DR.  
CASSELBERRY, FL 32707 US

**New Principal Place of Business:**

**Current Mailing Address:**

622 WILSHIRE DR.  
CASSELBERRY, FL 32707 US

**New Mailing Address:**

**FEI Number:** 20-1949790

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BENNEFIELD, TRAVIS  
622 WILSHIRE DR.  
CASSELBERRY, FL 32707 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:** TRAVIS BENNEFIELD

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

**Title:** MGRM  
**Name:** BENNEFIELD, TRAVIS  
**Address:** 622 WILSHIRE DR.  
**City-St-Zip:** CASSELBERRY, FL 32707 US

**Title:** MGRM  
**Name:** BENNEFIELD, ANITA  
**Address:** 622 WILSHIRE DR.  
**City-St-Zip:** CASSELBERRY, FL 32707 US

**Title:** MGRM  
**Name:** FRITZ, BRANDY  
**Address:** 622 WILSHIRE DR.  
**City-St-Zip:** CASSELBERRY, FL 32707 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 authorized to execute this report as required by Chapter 605, Florida Statutes.

**SIGNATURE:** TRAVIS BENNEFIELD

MGRM

09/02/2014

Electronic Signature of Authorized Person

Date