## 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L04000087241

Entity Name: C&SFORTUNE LLC

Name:

Address:

City-St-Zip:

BODE, CATHLEEN

ORLANDO, FL 32836

8749 THEESPLANADE #36

FILED Oct 06, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 7512 DR. PHILLIPS BLVD., #50-203 ORLANDO, FL 32819 **Current Mailing Address: New Mailing Address:** 7512 DR. PHILLIPS BLVD., #50-203 ORLANDO, FL 32819 FEI Number: 20-3495147 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: BODE, SVEN 8749 THEESPLANADE #36 ORLANDO, FL 32836 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: SVEN BODE Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete BODE, SVEN Name: Name: Address: 8749 THEESPLANADE #36 Address: City-St-Zip: ORLANDO, FL 32836 City-St-Zip: Title: MGR () Delete Title: () Change () Addition

Name:

Address:

City-St-Zip:

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: SVEN BODE MGRM 10/06/2009