

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000093723

Entity Name: 104, LLC

**FILED**  
**Jan 06, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

14420 STIRLING ROAD  
DAVIE, FL 33330

**New Principal Place of Business:**

155 WALL STREET  
ORANGE BURG, SC 29115

**Current Mailing Address:**

14420 STIRLING ROAD  
DAVIE, FL 33330

**New Mailing Address:**

155 WALL STREET  
ORANGE BURG, SC 29115

FEI Number: 20-2057624      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:**

FREEMAN, ARTURO  
14420 STIRLING ROAD  
DAVIE, FL 33330      US

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

FREEMAN, ARTURO  
4839 S.W. 148TH AVENUE  
SUITE 256  
DAVIE, FL 33330      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: ARTURO FREEMAN

01/06/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: FREEMAN, ARTURO  
Address: 14420 STIRLING ROAD  
City-St-Zip: DAVIE, FL 33330

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: FREEMAN, ARTURO  
Address: 155 WALL STREET  
City-St-Zip: ORANGE BURG, SC 29115

I hereby certify that the information supplied with this filing does not qualify for the 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: ARTURO FREEMAN

MGR

01/06/2006

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