

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000014590

Entity Name: FRESLIE, LLC

**FILED**  
**Nov 09, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

1650 NW 4TH AVE.  
107  
BOCA RATON, FL 33432

**New Principal Place of Business:**

743 FLORA LINDA DR.  
MELBOURNE, FL 32940

**Current Mailing Address:**

1650 NW 4TH AVE.  
107  
BOCA RATON, FL 33432

**New Mailing Address:**

743 FLORA LINDA DRIVE  
MELBOURNE, FL 32940

FEI Number: 77-0662738      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:**

STALLS, FRED  
1650 NW 4TH AVE.  
107  
BOCA RATON, FL 33432 US

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

STALLS, FRED  
743 FLORA LINDA DRIVE  
MELBOURNE, FL 32940 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: FRED STALLS

11/09/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: STALLS, FRED  
Address: 1650 NW4TH AVE., #107  
City-St-Zip: BOCA RATON, FL 33432

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: STALLS, FRED  
Address: 743 FLORA LINDA DRIVE  
City-St-Zip: MELBOURNE, FL 32940

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: FRED STALLS

MGR

11/09/2006

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