

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
**Mar 02, 2007**  
**Secretary of State**

DOCUMENT# L05000019716

**Entity Name:** L & M ENTERPRISES LLC

**Current Principal Place of Business:**

3700 PIPER PLACE  
SARASOTA, FL 34232 US

**New Principal Place of Business:**

6029 NW PINE BRIDGE DR  
ARCADIA, FL 34266 US

**Current Mailing Address:**

3700 PIPER PLACE  
SARASOTA, FL 34232 US

**New Mailing Address:**

P.O. BOX 7321  
SARASOTA, FL 34278 US

**FEI Number:** 20-2400868      **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:**

STRADER, MYRON  
3700 PIPER PLACE  
SARASOTA, FL 34232 US

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

STRADER, MYRON  
6029 NW PINE BRIDGE DR  
ARCADIA, FL 34266 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: MYRON STRADER

03/02/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: STRADER, MYRON  
Address: 3700 PIPER PLACE  
City-St-Zip: SARASOTA, FL 34232 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: STRADER, MYRON  
Address: 6029 NW PINE BRIDGE DR  
City-St-Zip: ARCADIA, FL 34266 US

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: MYRON STRADER

MGMR

03/02/2007

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