

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000020605

Entity Name: MOSAIC ENTERPRISE, LLC

**FILED**  
**Oct 03, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

7799 STYLES BLVD.  
KISSIMMEE, FL 34747 US

**New Principal Place of Business:**

1705 NORTH GOODMAN ROAD  
KISSIMMEE, FL 34747 US

**Current Mailing Address:**

7799 STYLES BLVD.  
BRADENTON, FL 34202 US

**New Mailing Address:**

1705 NORTH GOODMAN ROAD  
KISSIMMEE, FL 34747 US

FEI Number: 84-1672129

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STYLES, JEAN  
7799 STYLES BLVD.  
KISSIMMEE, FL 34747 US

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

STYLES, JEAN  
1705 NORTH GOODMAN ROAD  
KISSIMMEE, FL 34747 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: JEAN E. STYLES

10/03/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MEMB  
Name: STYLES, JEAN  
Address: 1705 NORTH GOODMAN ROAD  
City-St-Zip: KISSIMMEE, FL 34747

Title: MEMB  
Name: SCHILLING, DAVID  
Address: 10 HIDDEN RIDGE  
City-St-Zip: WILLIAMSVILLE, NY 14221 US

Title: MEMB  
Name: BRUNO, JOHN  
Address: 6650 THE MASTERS AVENUE  
City-St-Zip: BRADENTON, FL 34202 US

Title: MEMB  
Name: FRAHM, LARAINÉ  
Address: 512 JENNIFER LANE  
City-St-Zip: WINDEMERE, FL 34786 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 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: JEAN E. STYLES

MEM

10/03/2012

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