

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000025315

FILED
Apr 30, 2009
Secretary of State

Entity Name: CORBREE L.L.C.

Current Principal Place of Business:

9282 KLIBER DR.
WINTER HAVEN, FL 33884

New Principal Place of Business:

Current Mailing Address:

P.O.BOX421436
KISSIMMEE, FL 34742

New Mailing Address:

1631 ROCK SPRINGS RD
#120
APOPKA, FL 32712

FEI Number: 26-0011213 **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:

CLEMENTS, LATOYA
9282KLIBER DR.
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

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: LATOYA CLEMENTS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: EDMUNDS, JAMILA
Address: PO BOX 421436
City-St-Zip: KISSIMMEE, FL 34742

Title: MGRM () Delete
Name: EDMUNDS, THOMAS J
Address: PO BOX 421436
City-St-Zip: KISSIMMEE, FL 34742

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: EDMUNDS, JAMILA
Address: 1631 ROCK SPRINGS RD #120
City-St-Zip: APOPKA, FL 32712

Title: MGRM (X) Change () Addition
Name: EDMUNDS, THOMAS J
Address: 1631 ROCK SPRINGS RD #120
City-St-Zip: APOPKA, FL 32712

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: JAMILA EDMUNDS

MGRM

04/30/2009

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