

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000030802

**FILED**  
**Mar 09, 2011**  
**Secretary of State**

**Entity Name:** NEW BEGINNINGS OF FORT MEADE, LLC

**Current Principal Place of Business:**

6682 ORCHID LANE NORTH  
MAPLE GROVE, MN 55311 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 41683  
PLYMOUTH, MN 55441 US

**New Mailing Address:**

**FEI Number:** 20-2595022

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LANCASTER, JOHN J  
500 SOUTH FLORIDA AVENUE  
SUITE 800  
LAKELAND, FL 33801 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:** JOHN LANCASTER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** DAVIS, TARREL D  
**Address:** 6682 ORCHID LANE NORTH  
**City-St-Zip:** MAPLE GROVE, MN 55311 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:** TARREL D DAVIS

MGRM

03/09/2011

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