

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000037254

**Entity Name:** TRUE TRUST, LLC

**FILED**  
**Dec 02, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

843 RAINTREE AVENUE  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

**Current Mailing Address:**

843 RAINTREE AVENUE  
ROCKLEDGE, FL 32955

**New Mailing Address:**

FEI Number: 20-2701938      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SCHOBEL, STEPHANIE E  
843 RAINTREE AVENUE  
ROCKLEDGE, FL 32955    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: STEPHANIE E SCHOBEL

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGRM  
Name: RUNDELL, TIMOTHY  
Address: 120 GRIFFIN RD. UNIT 301  
City-St-Zip: COCOA, FL 32926

Title: MGRM  
Name: SCHOBEL, STEPHANIE  
Address: 843 RAINTREE AVENUE  
City-St-Zip: ROCKLEDGE, FL 32955

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: STEPHANIE E SCHOBEL

VP

12/02/2014

Electronic Signature of Authorized Person

Date