

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000041122

**Entity Name:** ZACK MARTIN ENTERPRISES LLC

**FILED**  
**Oct 10, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

232 COPELAND CT  
GENEVA, FL 32732

**New Principal Place of Business:**

437 2ND ST.  
GENEVA, FL 32732

**Current Mailing Address:**

232 COPELAND CT  
GENEVA, FL 32732

**New Mailing Address:**

437 2ND ST.  
GENEVA, FL 32732

**FEI Number:** 20-2741156      **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:**

MARTIN, ZACKARIAH  
232 COPELAND CT  
GENEVA, FL 32732      US

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

MARTIN, ZACKARIAH  
437 2ND ST.  
GENEVA, FL 32732      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: ZACKARIAH MARTIN

10/10/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: MARTIN, ZACKARIAH  
Address: 232 COPELAND CT  
City-St-Zip: GENEVA, FL 32732

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: MARTIN, ZACKARIAH  
Address: 437 2ND ST.  
City-St-Zip: GENEVA, FL 32732

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: ZACKARIAH MARTIN

MNGR

10/10/2007

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