

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000043957

**FILED**  
**Mar 24, 2008**  
**Secretary of State**

**Entity Name:** VICKIE FRAZIER-WILLIAMS, L.L.C.

**Current Principal Place of Business:**

4311 S.W. 21ST STREET  
WEST PARK, FL 33023

**New Principal Place of Business:**

6441 NW 54TH STREET  
LAUDERHILL, FL 33319

**Current Mailing Address:**

9232 SUN ROSE AVENUE  
LAS VEGAS, NV 89134

**New Mailing Address:**

**FEI Number:** 04-3814514      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

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

FRAZIER, LEON J  
4311 S.W. 21ST STREET  
WEST PARK, FL 33023      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:** LEON J. FRAZIER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM      ( ) Delete  
**Name:** WILLIAM, VICKIE F  
**Address:** 6441 N.W. 54TH STREET  
**City-St-Zip:** LAUDERHILL, FL 33319

**ADDITIONS/CHANGES:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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:** VICKIE FRAZIER-WILLIAMS

MGRM

03/24/2008

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