

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000044213

**FILED**  
**Apr 10, 2009**  
**Secretary of State**

**Entity Name:** COLD CREATIONS ANDERSON, LLC

**Current Principal Place of Business:**

17537 HUGH LANE  
LAND O LAKES, FL 34638 US

**New Principal Place of Business:**

9214 ANDERSON ROAD  
TAMPA, FL 33634 US

**Current Mailing Address:**

17537 HUGH LANE  
LAND O LAKES, FL 34638 US

**New Mailing Address:**

17317 BALLMONT PARK DRIVE  
ODESSA, FL 33556 US

**FEI Number:** 20-2792885

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STEWART, CHRISTOPHER L  
17537 HUGH LANE  
LAND O LAKES, FL 34638 US

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

STEWART, CHRISTOPHER L  
17317 BALLMONT PARK DRIVE  
ODESSA, FL 33556 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:** CHRISTOPHER STEWART

04/10/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** STEWART, ANDREA L  
**Address:** 17537 HUGH LANE  
**City-St-Zip:** LAND O LAKES, FL 33638 US

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** STEWART, ANDREA L  
**Address:** 17317 BALLMONT PARK DRIVE  
**City-St-Zip:** ODESSA, FL 33556 US

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:** ANDREA STEWART

MGR

04/10/2009

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