

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000057445

Entity Name: LEGALEEZ, L.L.C.

**FILED**  
**Oct 16, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

1008 RUBY STREET  
LAKELAND, FL 33815

**New Principal Place of Business:**

**Current Mailing Address:**

1008 RUBY STREET  
LAKELAND, FL 33815

**New Mailing Address:**

FEI Number: 01-0837559

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILLIAMS, JOSEPH M  
1701 JIM REDMAN PKWY  
PLANT CITY, FL 33563 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: JOSEPH M. WILLIAMS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HEADRICK, SALLY  
Address: 1008 RUBY STREET  
City-St-Zip: LAKELAND, FL 33815

Title: MGRM ( ) Delete  
Name: HEADRICK, FORREST  
Address: 1008 RUBY STREET  
City-St-Zip: LAKELAND, FL 33815

Title: MGRM ( ) Delete  
Name: HARLAND, HEATHER  
Address: 5115 NORTH SOCRUM LOOP ROAD # 225  
City-St-Zip: LAKELAND, FL 33805

**ADDITIONS/CHANGES:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SALLY HEADRICK

MGRM

10/16/2006

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