

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000064895

**FILED**  
**Nov 18, 2008**  
**Secretary of State**

**Entity Name:** FREEDOM LLC

**Current Principal Place of Business:**

340 ROYAL POINCIANA WAY  
STE 321  
PALM BEACH, FL 33480

**New Principal Place of Business:**

**Current Mailing Address:**

C/O STUART J HAFT ESQ  
PO BOX 431  
PALM BEACH, FL 33480

**New Mailing Address:**

C/O PAUL ERICKSON ESQ  
PO BOX 431  
PALM BEACH, FL 33480

**FEI Number:** 34-5305880      **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:**

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

HAFT, STUART J ESQ  
C/O ALLEY MAASS ROGERS & LINDSAY, P.A.  
340 ROYAL POINCIANA WAY, SUITE 321  
PALM BEACH, FL 33480 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: STUART J. HAFT ESQ.

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: FRIEDLANDER, BURTON G  
Address: 340 ROYAL POINCIANA WAY STE 321  
City-St-Zip: PALM BEACH, FL 33480

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: BURTON G FRIEDLANDER

MGRM

11/18/2008

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