2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Dec 07, 2007
Secretary of State

DOCUMENT# L05000072279

Entity Name: PUTTING FAMILIES FIRST LAW OFFICE, LLC

Current Principal Place of Business:

729 S. FEDERAL HIGHWAY, #222
STUART, FL 34994

New Principal Place of Business:

759 S. FEDERAL HIGHWAY, #219
STUART, FL 34994

Current Mailing Address:

729 S. FEDERAL HIGHWAY, #222
STUART, FL 34994

New Mailing Address:

759 S. FEDERAL HIGHWAY, #219
STUART, FL 34994

FEI Number: 51-0593588 **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:

HOUGH, GEORGE B
729 S. FEDERAL HIGHWAY, #222
STUART, FL 34994 US

Name and Address of New Registered Agent:

HOUGH, GEORGE B
759 S. FEDERAL HIGHWAY, #219
STUART, FL 34994 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: GEORGE B. HOUGH 12/07/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HOUGH, GEORGE B
Address: 729 S. FEDERAL HIGHWAY, #222
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HOUGH, GEORGE B
Address: 759 S. FEDERAL HIGHWAY, #219
City-St-Zip: STUART, FL 34994

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: GEORGE B. HOUGH MGRM 12/07/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date