

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000082867

**FILED**  
**Oct 17, 2007**  
**Secretary of State**

**Entity Name:** SOUTHERN FOUNDATIONS, LLC

**Current Principal Place of Business:**

1995 ERVING CIRCLE  
306  
OCOEE, FL 34761 US

**New Principal Place of Business:**

**Current Mailing Address:**

1995 ERVING CIRCLE  
306  
OCOEE, FL 34761 US

**New Mailing Address:**

**FEI Number:** 20-3347646

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHADOWEN, WALTER  
1995 ERVING CIRCLE  
306  
OCOEE, FL 34761 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: WALTER SHADOWEN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SHADOWEN, WALTER  
Address: 1995 ERVING CIRCLE  
City-St-Zip: OCOEE, FL 34761 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SHADOWEN, WALTER  
Address: 1995 ERVING CIRCLE #306  
City-St-Zip: OCOEE, FL 34761 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: WALTER SHADOWEN

MGR

10/17/2007

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