

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000087781

FILED
Oct 28, 2008
Secretary of State

Entity Name: FISH FAMILY & ASSOCIATES LLC

Current Principal Place of Business:

1642 N. VOLUSIA AVENUE
ORANGE CITY, FL 32763

New Principal Place of Business:

1642 N. VOLUSIA AVENUE
203
ORANGE CITY, FL 32763

Current Mailing Address:

1642 N. VOLUSIA AVENUE
ORANGE CITY, FL 32763

New Mailing Address:

1642 N. VOLUSIA AVENUE
203
ORANGE CITY, FL 32763

FEI Number: 65-1261922 **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:

FISH, ROBERTA
FISH FAMILY & ASSOC
1642 N VOLUSIA AVE STE 203
ORANGE CITY, FL 32763 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: ROBERTA FISH

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: FISH, ROBERTA F
Address: 696 TORCHWOOD DR.
City-St-Zip: DELAND, FL 32724

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

Title: MGR () Delete
Name: FISH, LOREN II
Address: 696 TORCHWOOD DR.
City-St-Zip: DELAND, FL 32724

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: ROBERTA M. FISH

MGR

10/28/2008

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