

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000094464

**FILED**  
**Aug 20, 2009**  
**Secretary of State**

**Entity Name:** RUSSELL BROTHERS LLC

**Current Principal Place of Business:**

9155 TAFT ST.  
PEMBROKE PINES, FL 33024 US

**New Principal Place of Business:**

431 BREAKWATER DR  
ALTAMONTE SPRINGS, FL 32714 US

**Current Mailing Address:**

9155 TAFT ST.  
PEMBROKE PINES, FL 33024 US

**New Mailing Address:**

431 BREAKWATER DR  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number:**  **FEI Number Applied For ( )**  **FEI Number Not Applicable (X)**  **Certificate of Status Desired (X)**  
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:**

RUSSELL, RUTH A  
701 NW 88 AVE.  
PEMBROKE PINES, FL 33024 US

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

RUSSELL, RUTH A  
431 BREAKWATER DR  
ALTAMONTE SPRINGS, FL 32714 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: RUTH A RUSSELL

08/20/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: RUSSELL, RUTH A  
Address: 701 NW 88 AVE.  
City-St-Zip: PEMBROKE PINES, FL 33024 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: RUSSELL, RUTH A  
Address: 431 BREAKWATER DR  
City-St-Zip: ALTAMONTE SPRINGS, FL 3714 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: RUTH A RUSSELL

MGR

08/20/2009

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