

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000096868

**FILED**  
**Jan 03, 2011**  
**Secretary of State**

**Entity Name:** LOG CABIN BARBEQUE OF LABELLE, LLC.

**Current Principal Place of Business:**

480 HICKPOCHEE AVE.  
LABELLE, FL 33935 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2790  
LABELLE, FL 33975 US

**New Mailing Address:**

**FEI Number:** 16-1735748

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SCHOFIELD, GLENN  
480 HICKPOCHEE AVE.  
LABELLE, FL 33935 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:** GLENN SCHOFIELD

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** SCHOFIELD, GLENN  
**Address:** P.O. BOX 2790  
**City-St-Zip:** LABELLE, FL 33975 US

I hereby 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:** GLENN SCHOFIELD

MGRM

01/03/2011

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