

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2008 DEC 24 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11242008 REIN-LLC CR2E101 (1/07)

DOCUMENT # L06000005100

1. Entity Name
MASTER LIFE DESIGN, L.C.



Principal Place of Business
29081 U.S. HWY. 19 NORTH, # 5A
CLEARWATER, FL 33767

Mailing Address
29081 U.S. HWY. 19 NORTH, #5A
CLEARWATER, FL 33767

2. Principal Place of Business - Not
Suite, Apt. #, etc.

J Mr. Ronald S. Judy
29081 Us Highway 19 N, #5A
Clearwater, FL 33761

City & State
Pinellas

City & State
Pinellas

Zip
33761

Country
USA

4. FEI Number
20-4156217

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

O'CONNOR, PATRICK M ESQ.
C/O O'CONNOR & ASSOCIATES
1250 S. BELCHER ROAD, SUITE 160
LARGO, FL 33771

7. Name and Address of New Registered Agent

Name
Street Address
City
FL Zip Code

J Mr. Ronald S. Judy
29081 Us Highway 19 N, #5A
Clearwater, FL 33761

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Ronald S. Judy Ronald S. Judy 12-21-08

Signature, typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$238.75
After January 1, 2009, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. GANGI, CRAIG E PRES. P.O. BOX 424 SAFETY HARBOR, FL 34695	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. JUDY, RONALD S PRES. P.O. BOX 424 SAFETY HARBOR, FL 34695	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800139269798 12/24/08--01038--008	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Ronald S. Judy 12-21-08 727-773-8227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #