

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000005156

1. Entity Name  
FREEMAN FAMILY ENTERPRISES, LLC



Principal Place of Business  
3010 MARCOS DRIVE, BLDG. 4, #610  
AVENTURA, FL 33160

Mailing Address  
3010 MARCOS DRIVE, BLDG. 4, #610  
AVENTURA, FL 33160

SECRET  
DIVISION

07 NOV 14 PM 3:02



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

10252007 REIN-LLC CR2E101 (1/07)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-4212560

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FREEMAN, REGINA  
3010 MARCOS DRIVE, BLDG. 4, #610  
AVENTURA, FL 33160

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*Margareta U. Freeman POA Regina Freeman*

11-8-2007

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**After January 1, 2008, Fee will be \$100.00**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME FREEMAN, Margareta  
STREET ADDRESS 356 REDMOND ROAD  
CITY-ST-ZIP SOUTH ORANGE, NJ 33160

TITLE MGR ☐ Delete  
NAME FREEMAN, SARAH  
STREET ADDRESS 22 ARBORWAY  
CITY-ST-ZIP JAMAICA PLAIN, MA 02130

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200112600962  
11/27/07--01027--007 \*\*50.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Margareta U. Freeman Managing Member*

Date

11-8-2007

Daytime Phone #