

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000011407

**FILED**  
**Oct 14, 2009**  
**Secretary of State**

**Entity Name:** LOST CHILD FEDERATION LC

**Current Principal Place of Business:**

927 N K ST  
LAKE WORTH, FL 33460 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1447  
LAKE WORTH, FL 33460 US

**New Mailing Address:**

**FEI Number:** 51-0569997 **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:**

PRESENDIEU, NATHANSON  
927 NORTH K STREET  
LAKE WORTH, FL 33460 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:** BERRY PIERRE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** PRESENDIEU, NATHANSON  
**Address:** 927 NORTH K ST  
**City-St-Zip:** LAKE WORTH, FL 33460 US

**Title:** MGR ( ) Delete  
**Name:** PIERRE, BERRY  
**Address:** 927 NORTH K STREET  
**City-St-Zip:** LAKE WORTH, FL 33460 US

**ADDITIONS/CHANGES:**

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

**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:** BERRY PIERRE

MGR

10/14/2009

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