

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000022479

Entity Name: SOCKS UP, LLC

**FILED**  
**Jun 17, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

1937 FOREST VIEW DR.  
PALM HARBOR, FL 34683

**New Principal Place of Business:**

**Current Mailing Address:**

1937 FOREST VIEW DR.  
PALM HARBOR, FL 34683

**New Mailing Address:**

FEI Number: 58-2682694      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:**

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

HALES, RAYMOND P MR  
1937 FOREST VIEW DR  
PALM HARBOR, FL 34683      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: EDWARD B PRITCHARD ESQ

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MR      ( ) Delete  
Name: HALES, TRACEY  
Address: 1937 FOREST VIEW DR  
City-St-Zip: PALM HARBOR, FL 34683 US

**ADDITIONS/CHANGES:**

Title: MRS      (X) Change ( ) Addition  
Name: HALES, TRACEY  
Address: 1937 FOREST VIEW DR  
City-St-Zip: PALM HARBOR, FL 34683 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: TRACEY HALES

MRS

06/17/2009

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