

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000054461

**FILED**  
**Mar 16, 2009**  
**Secretary of State**

**Entity Name:** GREENFIRE HOLDINGS LLC

**Current Principal Place of Business:**

244 NW 97TH AVE.  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

244 NW 97TH AVE.  
PLANTATION, FL 33324

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **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:**

FRANCE, MADELEINE C  
244 NW 97TH AVE.  
PLANTATION, FL 33324 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: MADELEINE FRANCE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FRANCE, MADELEINE C  
Address: 244 NW 97TH AVE.  
City-St-Zip: PLANTATION, FL 33324

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MP (X) Change ( ) Addition  
Name: FRANCE, MADELEINE C  
Address: 244 NW 97TH AVE.  
City-St-Zip: PLANTATION, FL 33324

Title: P ( ) Change (X) Addition  
Name: FRANCE, MICHAEL J  
Address: 12180 NW 28TH COURT  
City-St-Zip: PLANTATION, FL 33323

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: MADELEINE

MP

03/16/2009

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