

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000056996

FILED
Oct 23, 2007
Secretary of State

Entity Name: HANDLED WITH CARE, LLC

Current Principal Place of Business:

4294 MARINER ROAD
BONITA SPRINGS, FL 34134 US

New Principal Place of Business:

1776 POLK STREET
APT 11H-158
HOLLYWOOD, FL 33020 US

Current Mailing Address:

4294 MARINER ROAD
BONITA SPRINGS, FL 34134 US

New Mailing Address:

1776 POLK STREET
APT 11H-158
HOLLYWOOD, FL 33020 US

FEI Number: 20-4979779 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

BREDEMEYER, STEVEN
4294 MARINER ROAD
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

BREDEMEYER, STEVEN
1776 POLK STREET
APT 11H-158
HOLLYWOOD, FL 33020 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: STEVEN BREDEMEYER

10/23/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BREDEMEYER, STEVEN
Address: 4294 MARINER ROAD
City-St-Zip: BONITA SPRINGS, FL 33134

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BREDEMEYER, STEVEN
Address: 1776 POLK STREET, APT 11H-158
City-St-Zip: HOLLYWOOD, FL 3020

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: STEVEN BREDEMEYER

MGR

10/23/2007

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