

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000069347

**FILED**  
**Mar 13, 2009**  
**Secretary of State**

**Entity Name:** INFINITEPOSSIBILITIES, LLC

**Current Principal Place of Business:**

8421 ALISTER BLVD  
PALM BEACH GARDENS, FL 33418 US

**New Principal Place of Business:**

327 SOUTHWIND DRIVE #108  
NORTH PALM BEACH, FL 33408 US

**Current Mailing Address:**

8421 ALISTER BLVD  
PALM BEACH GARDENS, FL 33418 US

**New Mailing Address:**

3908 EASTON SQ PL  
COLUMBUS, OH 43219

**FEI Number:** 20-5591738      **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:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: STEPHEN MICHELS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MICHELS, STEPHEN P  
Address: 8421 ALISTER BLVD  
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MICHELS, STEPHEN P  
Address: 327 SOUTHWIND DR #108  
City-St-Zip: NORTH PALM BEACH, FL 33408 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: STEPHEN MICHELS

MGMR

03/13/2009

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