

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000074089

Entity Name: MITCHELL WINFREY LLC

**FILED**  
**Nov 15, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

19 JUNIPER PASS TRACK  
OCALA, FL 34480

**New Principal Place of Business:**

4255 SE 17TH LANE  
OCALA, FL 34470

**Current Mailing Address:**

19 JUNIPER PASS TRACK  
OCALA, FL 34480

**New Mailing Address:**

4255 SE 17TH LANE  
OCALA, FL 34470

FEI Number: 32-0178112

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WINFREY, MITCHELL  
19 JUNIPER PASS TRACK  
OCALA, FL 34480 US

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

WINFREY, MITCHELL  
4255 SE 17TH LANE  
OCALA, FL 34470 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: MITCHELL WINFREY

11/15/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WINFREY, MITCHELL  
Address: 19 JUNIPER PASS TRACK  
City-St-Zip: Ocala, FL 34480

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WINFREY, MITCHELL  
Address: 4255 SE 17TH LANE  
City-St-Zip: Ocala, FL 34470

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: MITCHELL WINFREY

MGRM

11/15/2007

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